



2001 DATA COMPENDIUM

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Centers for Medicare & Medicaid Services

**U.S. Department of Health and
Human Services**

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Medicaid Services**

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The Centers for Medicare & Medicaid Services (CMS), formerly known as the Health Care Financing Administration, is responsible for administration of the Medicare, Medicaid and State Children's Health Insurance Program (SCHIP). Our payments and program policies have significant and far-reaching effects on beneficiaries, providers, and payers. Understanding these effects and their causes is essential to the planning and implementation of changes to the health care delivery system.

The Data Compendium contains historic, current and projected data on Medicare enrollment and Medicaid recipients, expenditures and utilization. Data pertaining to budget, administrative/operating costs, individual income, financing, and health care providers/suppliers are also included. National data not specific to the Medicare or Medicaid programs may be found throughout the publication.

This compendium has been prepared for several years for CMS's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Systems, Technical and Analytic Resources Group, Office of Strategic Planning with major contributions from the various Centers and Offices in CMS. Data supplied by professional organizations and other Federal agencies are gratefully acknowledged.

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COMPENDIUM

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Office of Strategic Planning
Baltimore, Maryland
September 2001**

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I. BUDGET OVERVIEW

Information about the Federal, DHHS and CMS budgets.

HIGHLIGHTS

- o Medicare benefit payments are expected to increase by 9.9 percent from 2000 to 2001 and by 5.6 percent from 2001 to 2002.*
- o Federal and State Medicaid medical assistance payments are expected to increase by 11.8 percent from 2000 to 2001 and by 8.6 percent from 2001 to 2002.*
- o Program benefit payments for Medicare and Medicaid combined are expected to increase by 11.1 percent from 2000 to 2001 and by 7.2 percent from 2001 to 2002.*



CMS Disbursements

Fiscal Years 2000 - 2002

	2000	2001	2002	
	Actual	Current Law	Current Law	Proposed Law
Dollars in millions				
CMS Budget Outlays				
Medicare Benefits	\$214,867	\$236,141	\$249,327	\$249,327
Medicare Part B Transfer to Medicaid ¹	0	60	65	65
Medicaid Benefits ²	111,832	123,466	135,118	135,118
State and Local Administration/Training	6,089	6,837	7,901	7,901
State Children's Health Insurance Program (SCHIP) ³	1,220	2,923	3,637	3,637
SCHIP Transfer to Medicaid ⁴	-	1,239	-	-
CMS Program Management ⁵	2,014	2,208	2,402	2,402
Peer Review Organizations	279	505	424	424
Health Care Fraud and Abuse Control (HCFAC) ⁶	836	950	1,010	1,010
Other Medicare Administrative Expenses ⁷	1,059	1,155	1,255	1,255
Quinquennial Adjustment (Medicare) ⁸	-	1,332	-	-
Ticket to Work Program (P.L. 106-170)	-	16	29	29
Total Outlays (unadjusted)	\$338,195	\$376,831	\$401,166	\$401,166
Medicare Premiums	-21,907	-23,505	-26,555	-26,535
Offsetting Collections ⁹	-140	-62	-62	-177
Reimbursables	-3			
HMO Loan Fund Collections	-1	0	0	0
Total Outlays Net of Medicare Premiums and Offsetting Collections	\$316,144	\$353,264	\$374,549	\$374,454

¹ Medicare transfer to Medicaid for Medicare Part B premium assistance required by section 4732 of the BBA (P.L.105-33).

² Includes not only Medicaid medical assistance payments (MAP) but also Title XIX outlays for the Vaccines for Children Program (FY 2000 - \$547.2 million; FY 2001 - \$775.2 million; FY 2002 - \$795.5 million) and the State Children's Health Insurance Program (FY 2000 -\$550.9 million). Also, in FY 2001, the estimate is reduced by -\$1,239 million to reflect the SCHIP transfer to Medicaid. This transfer, required by section 802 of BIPA (P.L.106-554), reimburses Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001.

³ Title XXI outlays only. In FY 2000, excludes Title XIX outlays for SCHIP-related Medicaid expansions.

⁴ This transfer, required by section 802 of the BIPA (P.L.106-554), reimburses Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001.

⁵ Includes user fees and reimbursables.

⁶ Includes HCFAC outlays by CMS and other agencies.

⁷ Medicare-related expenses of other agencies, e.g., Social Security Administration.

⁸ Quinquennial adjustment for military wage credits.

⁹ Offsetting collections from non-Federal sources, e.g., user fees.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCES: FY 2002 Mid-Session Review; CMS/OFM

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Program Benefit Payments Selected Fiscal Years

Fiscal Year	Total		Medicare ¹		Medicaid ²		SCHIP ³	
	Amount	Annual Percent Change	Amount	Annual Percent Change	Amount	Annual Percent Change	Amount	Annual Percent Change
Amount in billions								
Historical								
1980	\$57.9	--	\$33.9	--	\$24.0	--		
1985	108.8	12.6	69.5	14.1	39.3	10.4		
1990	175.9	15.6	107.2	13.8	68.7	18.4		
1991	204.4	16.2	113.9	6.3	90.5	31.7		
1992	245.1	19.9	129.2	13.4	115.9	28.1		
1993	268.7	9.6	142.9	10.6	125.8	8.5		
1994	296.9	10.5	159.3	11.5	137.6	9.4		
1995	328.9	10.8	176.9	11.0	152.0	10.5		
1996	344.3	4.7	191.1	8.0	153.2	0.8		
1997	367.8	6.8	207.1	8.4	160.7	4.9		
1998	379.7	3.2	210.1	1.4	169.4	5.5	0.2	
1999	390.5	2.8	208.3	-0.9	180.8	6.7	1.3	655.2
2000	413.8	6.0	214.9	3.2	196.1	8.4	2.8	108.6
Budget								
Current law								
2001	459.6	11.1	236.1	9.9	219.3	11.8	4.2	51.0
2002	492.8	7.2	249.3	5.6	238.2	8.6	5.3	26.2

¹ Includes catastrophic benefits for HI in FY 1990. Does not include Peer Review Organization expenditures.

² Total computable benefit payments (Federal and State combined). Historical data for FYs 1980-1994 reflect total computable medical assistance payments reported by the States on line 11 of the HCFA-64 and predecessor forms. Historical data for FYs 1995-2000 include line 11 total computable medical assistance payments and outlays for the Vaccines for Children Program but do not include total computable Title XIX expenditures for the State Children's Health Insurance Program. Budget data for FYs 2001-2002 reflect current law estimates of total computable medical assistance payments and outlays for the Vaccines for Children Program.

³ Historical data for FYs 1998-2000 include total computable expenditures (Title XIX and Title XXI) reported by the States for the State Children's Health Insurance Program (SCHIP). After FY 2000, there is no longer Title XIX funding of SCHIP. Budget data for FYs 2001-2002 reflect estimates of total computable Title XXI outlays. In FY 2001, the estimate does not include the SCHIP transfer to Medicaid to reimburse Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001.

NOTE: Percent changes based on unrounded numbers.

SOURCE: CMS/OFM

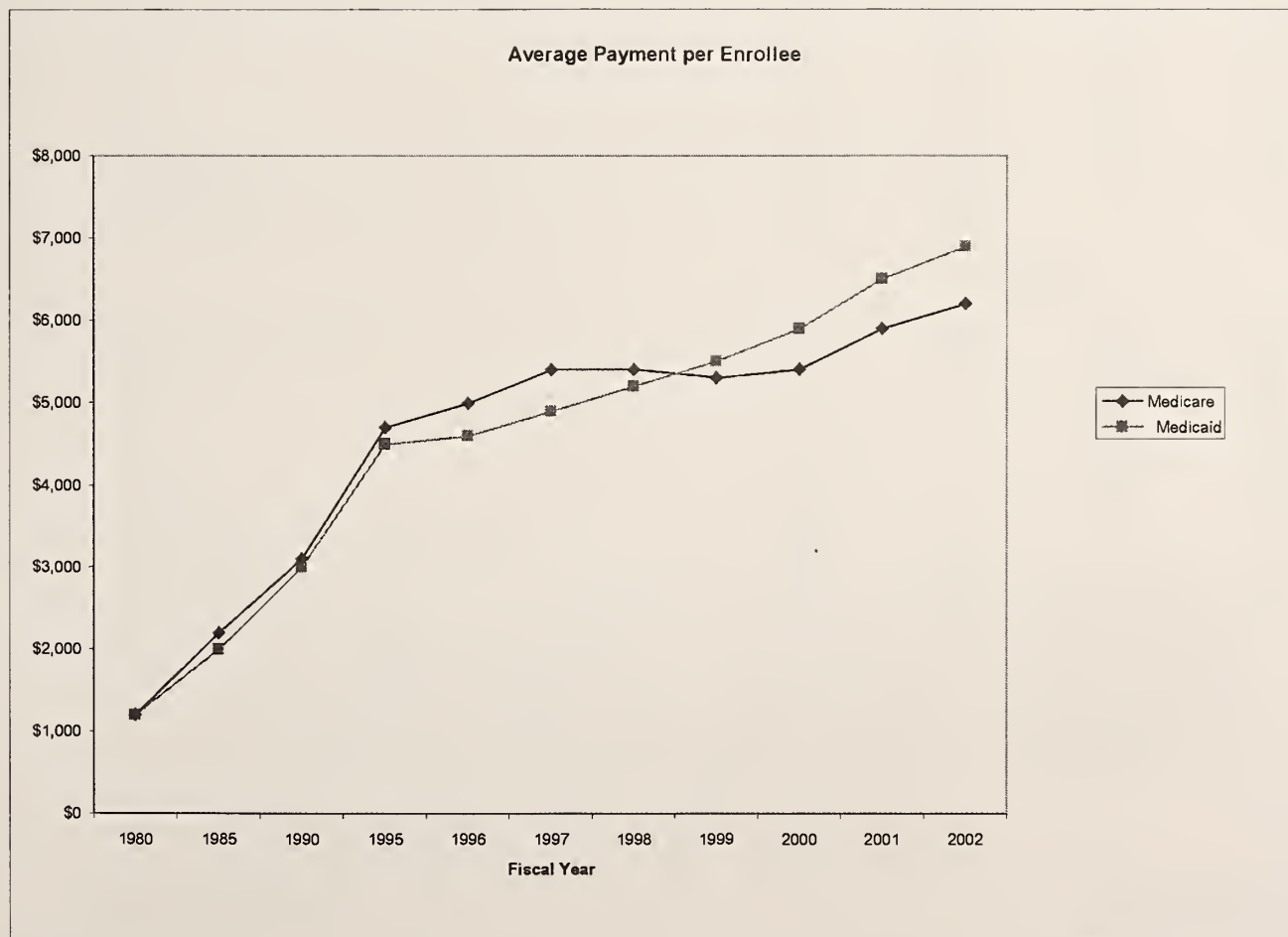
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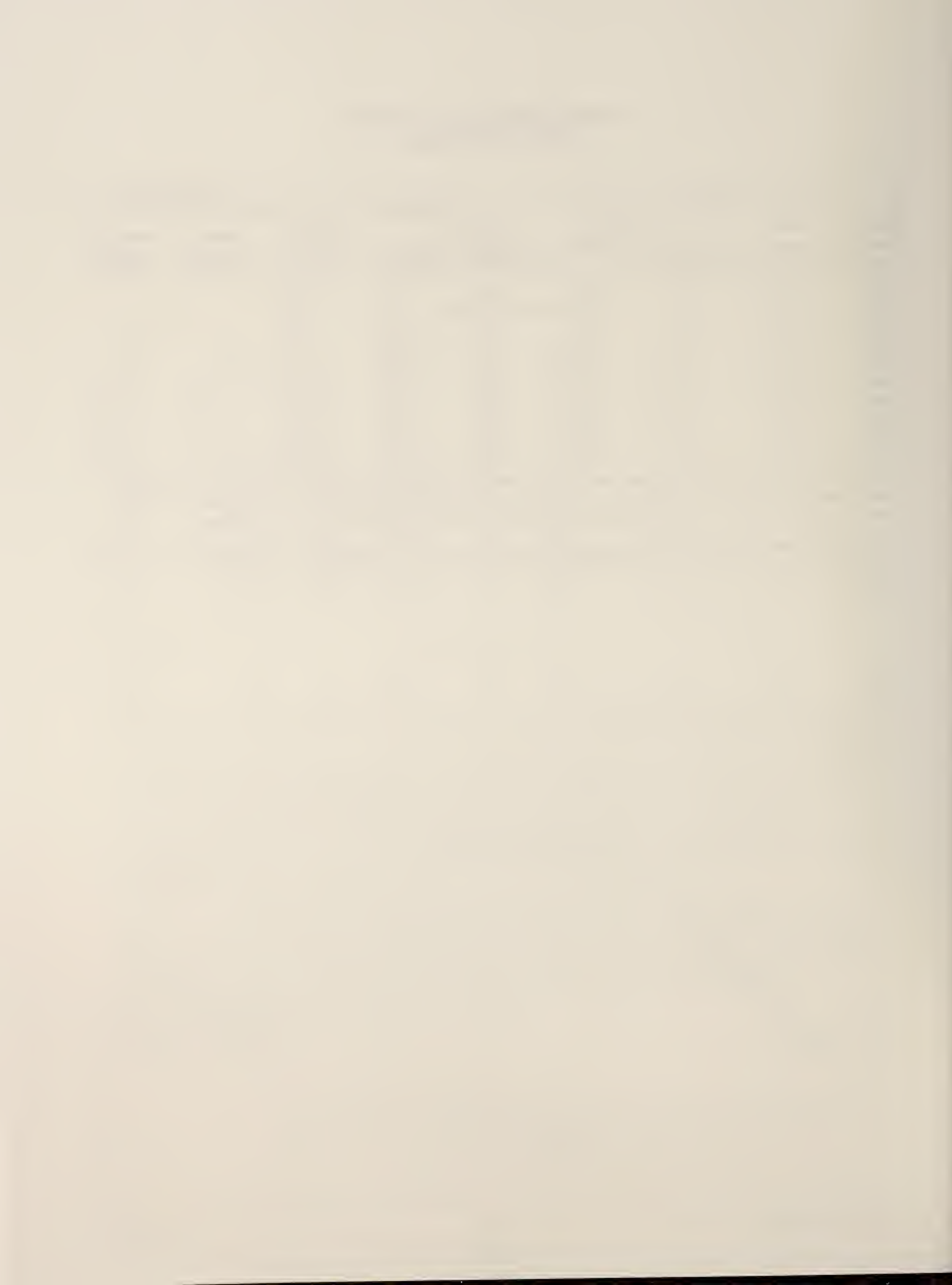
Program Benefit Payments Per Enrollee Selected Fiscal Years

Fiscal Year	Medicare			Medicaid ²			State Children's Health Insurance Program	
	Benefit Payments ¹ (In Billions)	Enrollees (In Millions)	Average Per Enrollee	Benefit Payments (In Billions)	Enrollees ³ (In Millions)	Average Per Enrollee	Medicaid Expansions ⁴ (In Billions)	Separate State Programs (In Billions)
1980	\$33.9	28.3	\$1,200	\$24.0	19.6	\$1,200		
1985	69.6	31.0	2,200	39.3	19.8	2,000		
1990	107.4	34.1	3,100	68.7	22.9	3,000		
1995	177.1	37.4	4,700	151.8	33.4	4,500		
1996	191.3	38.0	5,000	152.9	33.2	4,600		
1997	207.3	38.4	5,400	160.3	33.0	4,900		
1998	210.3	38.8	5,400	169.0	32.5	5,200	\$0.1	\$0.1
1999	208.5	39.1	5,300	180.5	32.8 ⁵	5,500	0.6	0.8
2000	215.1	39.5	5,400	195.7	33.4 ⁵	5,900	1.1	1.7
2001 ⁵	236.7	39.9	5,900	218.6	33.9	6,500	1.3	2.8
2002 ⁵	249.8	40.3	6,200	237.4	34.3	6,900	1.5	3.7

¹ Includes PRO and SMI Medicaid transfer expenditures. ² Excludes Medicaid expansion and separate State programs under State Children's Health Insurance Program and payments under Vaccines for Children Program. ³ Medicaid enrollees are on a full-year equivalent (person-year) basis. ⁴ Beginning in FY 2001, SCHIP Medicaid expansions are funded through Title XXI. See footnote 2, page 2. ⁵ Estimated.

NOTES: Current law only. Consistent with data and estimates included in the FY 2002 Mid-Session Review. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.





Benefit Outlays by Program Selected Fiscal Years

	1967	1968	2000	2001 ¹
Amounts in billions				
Annually				
CMS Program Benefit Outlays	\$5.1	\$8.4	\$414	\$460
Federal Outlays	NA	6.7	328	364
Medicare	3.2	5.1	215	236
HI	2.5	3.7	126	136
SMI	0.7	1.4	89	101
Medicaid ²	1.9	3.3	196	219
Federal Share	NA	1.6	111	125
State Children's Health Insurance Program (SCHIP) ³	NA	NA	3	4
Federal Share	NA	NA	2	3
In millions				
Monthly				
CMS Program Benefit Outlays	\$423	\$702	\$34	\$38
Federal Outlays	NA	561	27	30
Medicare	264	427	18	20
HI	209	311	10	11
SMI	55	116	7	8
Medicaid ²	158	275	16	18
Federal Share	NA	133	9	10
State Children's Health Insurance Program ³	NA	NA	4/	4/
Federal Share	NA	NA	4/	4/
In thousands				
Hourly				
CMS Program Benefit Outlays	\$579	\$962	\$47	\$52
Federal Outlays	NA	768	37	42
Medicare	362	585	25	27
HI	286	426	14	15
SMI	76	159	10	11
Medicaid ²	217	377	22	25
Federal Share	NA	183	13	14
State Children's Health Insurance Program ³	NA	NA	5/	5/
Federal Share	NA	NA	5/	5/
In thousands				
Minutely				
CMS Program Benefit Outlays	\$10	\$16	\$787	\$874
Federal Outlays	NA	13	624	692
Medicare	6	10	409	449
HI	5	7	240	258
SMI	1	3	169	191
Medicaid ²	4	6	373	417
Federal Share	NA	3	212	238
State Children's Health Insurance Program ³	NA	NA	5	8
Federal Share	NA	NA	3	5

¹ Estimated. ² These amounts include total computable (Federal and State) medical assistance payments and outlays for the Vaccines for Children Program. In FY 2000, Title XIX outlays for the State Children's Health Insurance Program are excluded. In FY 2001, the federal share amount is not offset by the SCHIP transfer to Medicaid (\$1.2 billion). This transfer, required by section 802 of BIPA (P.L. 106-554), reimburses Title XIX for the cost of SCHIP-related Medicaid expansions in fiscal years before FY 2001. ³ In FY 2000, the total computable and federal share amounts reflect both Title XIX and Title XXI funding of SCHIP. In FY 2001, the total computable and federal share amounts reflect only Title XXI funding of SCHIP. After FY 2000, there is no longer Title XIX funding of SCHIP. ⁴ Less than \$400 million.

⁵ Less than \$500,000.

NOTES: Fiscal year data. Totals may not equal the sum of rounded components. For FYs 2000 and 2001, rounded annual benefit outlays used to derive monthly (12), hourly (8,760) and minutely (525,600) outlays.

SOURCE: CMS/OFM

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II. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, CMS, the Department and the nation as a whole.

Health care spending is shown for CMS programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.

HIGHLIGHTS

- o *Medicare spending between fee-for-service (FFS) and managed care is expected to fluctuate between 2000 and 2002, with managed care's share of total benefit payments accounting for 18.5 percent in 2000, decreasing to 17.8 percent in 2001 and decreasing to 14.4 percent in 2002.*
- o *Medicare FFS benefit payments for inpatient hospital care are projected to increase 8.7 percent from fiscal year 2000 to 2001. During the same period of time, FFS physician and supplier payments under Medicare are expected to increase 10.7 percent.*
- o *Spending for FFS inpatient hospital services as a share of total Medicare spending decreased from 64.9 percent in 1983 to a projected 39.8 percent in 2001.*
- o *The financing for home health care shifted dramatically from Part A to Part B because of the Balanced Budget Act of 1997. In 2001, Part A HHA benefit payments accounted for \$3.3 billion, a decline of 28 percent from \$4.6 billion in 2000. Comparably, Part B HHA payments increased from \$4.6 billion in 2000 to nearly \$6.3 billion in 2001, an increase of 38 percent.*
- o *Total Medicaid payments increased by 73 percent from 1985 to 1990 and by another 68 percent from 1990 to 1999 to reach \$109.1 billion in 1999.*

Medical care price indexes continue to increase at a faster rate than the "All Item" Consumer Price Index.

- o In recent years, changes in the CPI for all items have lagged considerably behind outpatient and physician services.*
- o In 2000, the CPI for all items increased by 3.2 percent, compared to 1.9 percent for the previous year. The percent increases for outpatient and physician services in 2000 were 6.9 and 3.4, respectively, compared to 4.9 and 3.0 in 1999.*
- o Public funding for NHE has grown significantly from 24.9 percent in 1965 to 45.3 percent in 1999.*
- o Likewise, private funding for NHE declined from 75.1 percent in 1965 to 54.7 percent in 1999.*

CMS Benefit Payments by Major Program Service Categories **Fiscal Year 1999**

Type of Service	Total Program Payments		Medicare ¹		Medicaid ²	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
Amount in millions						
Total	\$388,896	100.0	\$208,435	100.0	\$180,461	100.0
Inpatient Hospital	131,842	33.9	106,308 ³	51.0	25,534	14.1
Nursing Facilities	47,880	12.3	11,488	5.5	36,392 ⁷	20.2
Other Nursing Home	9,979	2.6	--	--	9,979	5.5
Home Health	25,835	6.6	9,399	4.5	16,436	9.1
Physician Services	66,583	17.1	61,027 ⁴	29.3	5,556	3.1
Outpatient	22,151	5.7	15,633 ⁵	7.5	6,518	3.6
Clinic	5,010	1.3	(5)	--	5,010	2.8
Prescribed Drugs	13,684	3.5	--	--	13,684 ⁸	7.6
Other Care	65,931	17.0	4,579 ⁶	2.2	61,352	34.0

¹ Estimated.

² Payments (Federal and State) from the financial reporting system includes premiums and capitation amounts.

³ Includes inpatient hospital (\$85,696 million), PRO (\$177 million), and Part A managed care (\$20,435 million).

⁴ Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, and other Part B suppliers (total of \$44,057 million) and Part B managed care (\$16,970 million).

⁵ Covered clinic services are included under outpatient.

⁶ Includes hospice (\$2,494 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$2,085 million).

⁷ Nursing facilities include skilled nursing facilities and intermediate facility services for all other than the mentally retarded.

⁸ Includes dental (\$1,617 million), other practitioners (\$929 million), laboratory and radiological services (\$562 million), early periodic screening (\$809 million), rural health services (\$278 million), targeted case management (\$1,532 million), primary care case management (\$154 million), disproportionate share payments (\$15,548 million), Medicare-related premium payments (\$4,574 million), other capitation premiums (\$27,096 million), prior adjustments and collections (\$13 million net), and other care (\$8,241).

NOTES: Percent distribution based on rounded numbers. Total includes service "Unknown" data which are not reflected in this table. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

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Medicare Trust Fund Projections
Fiscal Years 2000 - 2002

	2000	2001	2002
Amount in millions			
HI Total Disbursements ¹	\$130,031	\$143,159	\$146,864
HI Administrative Expenses ²	1,497	1,879	1,923
HI Benefit Payments	125,992	135,503	141,590
Aged	110,148	118,177	123,104
Disabled	15,844	17,326	18,486
HCFAC ³	836	950	1,010
HI Transfer to SMI for Home Health	1,706	3,495	2,341
Quinquennial Adjustment	--	1,332	--
SMI Total Disbursements ¹	88,992	99,129	107,555
SMI Administrative Expenses ²	1,824	1,926	2,094
SMI Benefit Payments	88,875	100,638	107,737
Aged	76,506	86,402	91,945
Disabled	12,369	14,235	15,792
SMI Transfer to Medicaid ⁴	--	60	65
HI Transfer to SMI for Home Health	(1,706)	(3,495)	(2,341)

¹ Current law data. Totals do not necessarily equal the sum of rounded components. ² Administrative expenses include the sum of administrative costs, research, and PRO expenditures. ³ Net Health Care Fraud and Abuse Control outlays as reported in the Treasury Annual Report. ⁴ SMI Transfer to Medicaid for Medicare Part B premium assistance.

NOTES: Based on FY 2002 Mid-Session Review. Benefit estimates do not reflect proposed legislation. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT and CMS/OFM

Medicare Benefit Payments by Type of Benefit
Fiscal Years 2000 - 2002

	Benefit Payment ¹			Percent Distribution
	2000	2001	2002	2002
Amount in millions				
Total HI ²	\$125,992	\$135,503	\$141,590	100.0
Inpatient Hospital	86,477	93,967	99,614	70.4
Skilled Nursing Facility	10,626	12,172	14,112	10.0
Home Health Agency	4,608 ³	3,321	4,664	3.3
Hospice	2,818	3,319	3,580	2.5
Managed Care	21,463	22,724	19,620	13.9
Total SMI ²	88,875	100,638	107,737	100.0
Physician/Other Suppliers	47,683	52,799	57,397	53.3
Outpatient Hospital/Other Providers	14,451	18,154	20,853	19.4
Home Health Agency	4,570 ³	6,301	8,860	8.2
Laboratory	3,823	4,098	4,292	4.0
Managed Care	18,348	19,286	16,335	15.2

¹ Includes the effect of regulatory items and recent legislation but not proposed law. ² Excludes PRO expenditures.

³ Distribution of home health benefits between the trust funds reflects the actual outlays as reported by the Treasury.

NOTES: Based on FY 2002 Mid-Session Review. Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT and CMS/OFM

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Medicaid Payments by Basis of Eligibility Selected Fiscal Years

	Payments					Percent Distribution
	1985	1990	1995	1998	1999 ¹	1999
Amount in millions						
Total	\$37,508	\$64,859	\$120,141	\$142,318	\$109,069	100.0
Age 65 and over	14,096	21,508	36,527	40,602	27,116	24.9
Blind/Disabled	13,452	24,403	49,418	60,375	43,371	39.8
Dependent Children under Age 21	4,414	9,100	17,976	20,459	17,446	16.0
Adults in Families with Dependent Children	4,746	8,590	13,511	14,833	10,455	9.6
Other/Unknown	798	1,051	1,499	6,048	10,681	9.8

¹ Not all States reporting.

NOTES: Beginning in FY 1998, payments include capitated payments as a type of service category. Totals do not necessarily equal the sum of rounded components due to the inclusion of data for individuals with unconfirmed eligibility status at the time of payment.

SOURCE: CMS/CMSO

Medicaid Payments by Type of Service and Basis of Eligibility Fiscal Year 1999

	Total Payments	Inpatient Hospital Services	Long-Term Care Services ¹	Other Services
Percent Distribution				
All Groups	100.0	14.5	37.5	48.0
Age 65 and over	24.9	0.8	16.9	7.2
Blind and Disabled	39.8	6.0	10.1	23.7
Children under Age 21	16.0	3.1	3.5	9.4
AFDC-Type Adults	19.4	4.7	7.0	7.7

¹ Includes services in mental facilities, all nursing facilities, and home health services, and all ICF/MR.

NOTE: Totals do not equal the sum of rounded components due to the exclusion of other Title XIX and unknowns.

SOURCE: CMS/CMSO

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Medicaid Payments by Type of Service Selected Fiscal Years

	1985	1996	1997	1998	Percent Distribution 1998
	Amount in millions				
Total	\$37,508	\$121,685	\$123,551	\$142,318	100.0
Inpatient Services	10,645	27,216	25,152	24,300	17.1
General Hospitals	9,453	25,176	23,142	21,499	15.1
Mental Hospitals	1,192	2,040	2,009	2,801	2.0
Nursing Facilities	5,071	29,630	30,504	31,892	22.4
ICF Services	10,079	9,555	9,798	9,482	6.7
Mentally Retarded	4,731	9,555	9,798	9,482	6.7
All Other	6,516	0	0	0	0.0
Physician Services	2,346	7,238	7,041	6,070	4.3
Dental Services	458	1,028	1,036	901	0.6
Other Practitioner Services	251	1,094	979	587	0.4
Outpatient Hospital Services	1,789	6,504	6,169	5,759	4.0
Clinic Services	714	4,222	4,252	3,922	2.8
Laboratory & Radiological Services	337	1,208	1,033	939	0.7
Home Health Services	1,120	10,868	12,237	2,702	1.9
Prescribed Drugs	2,315	10,697	11,972	13,522	9.5
Family Planning Services	195	474	418	449	0.3
Early and Periodic Screening	85	1,399	1,617	1,335	0.9
Rural Health Clinics	7	302	308	308	0.2
Personal Care Support Services	na	na	na	8,222	5.8
Home /Community Based Services	na	na	na	6,709	4.7
Prepaid Health Care	na	na	na	19,296	13.6
PCCM Services	na	na	na	134	0.1
Other Care	928	10,247	11,033	4,386	3.1

¹ Beginning in 1991, nursing facilities include skilled nursing facilities and intermediate care facility services for all other than the mentally retarded.

NOTES: Percent distribution based on rounded numbers. Prior to 1998, vendor payments exclude premiums and capitation amounts. Beginning in FY 1998, payments include capitated payments as a type of service category. Total includes service "Unknown" data which are not reflected in this table

SOURCE: CMS/CMSO

September 2001

**National Health Care by Type of Expenditure
Calendar Year 1999**

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid ¹
Total	\$1,210.7	\$4,358	33.1	17.6	15.4
Health Services and Supplies	1,170.8	4,215	34.2	18.2	16.0
Personal Health Care	1,057.7	3,808	35.9	19.5	16.5
Hospital Care	390.9	1,407	48.1	31.0	17.0
Physicians' Services	269.4	970	26.9	20.3	6.6
Nursing Home Care	90.0	324	57.7	10.7	47.0
Other Personal Health Care	307.4	1,107	22.1	6.6	15.5
Other Services and Supplies	113.1	407	18.0	6.7	11.2
Research and Construction	39.8	143	--	--	--

¹ Excludes SCHIP and Medicaid SCHIP Expansion.

NOTES: Per capita amounts based on July 1 Census resident population estimates. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT and U.S. Bureau of the Census

September 2001

CMS Benefit Payments by Major Personal Health Expenditure Service Categories **Calendar Year 1999**

Type of Service ¹	Total Program Payments		Medicare		Medicaid ⁵	
	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution
Total	\$380.2	100.0	\$205.9	100.0	\$174.2	100.0
Hospital Care	187.9	49.4	121.4	58.9	66.5	38.2
Physician and Clinical Services	72.4	19.0	54.7	26.5	17.7	10.2
Dentists' Services	2.3	0.6	0.1	0.0	2.2	1.3
Other Professional Services ²	5.5	1.4	4.1	2.0	1.4	0.8
Home Health Care ³	14.3	3.8	8.7	4.2	5.6	3.2
Prescription Drugs	19.1	5.0	2.0	0.9	17.1	9.8
Other Non-Durable Medical Products	1.2	0.3	1.2	0.6	--	--
Durable Medical Equipment	4.2	1.1	4.2	2.0	--	--
Nursing Home Care ⁴	52.0	13.7	9.6	4.7	42.4	24.3
Other Personal Health Care	21.4	5.6	--	--	21.4	12.3

¹ Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital based ICF-MR hospital based nursing homes and hospital based home health services appear as hospital care rather than nursing home care or as home health services.

² Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

³ Includes non-facility based home health care and some Medicaid care delivered in homes.

⁴ Freestanding nursing facilities only.

⁵ Excludes Medicaid SCHIP Expansion & SCHIP.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 58 percent in calendar year 1999.

SOURCE: CMS/OACT

September 2001

National Health Care Trends in Public versus Private Funding Selected Calendar Years

Calendar Year	GDP in billions	National Health Expenditures									
		Total			Private Funds			Public Funds			
		Amount in billions	Per Capita	Percent of GDP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Percent of Total	
1965	\$720	\$41.0	\$205	5.7	\$30.8	\$154	75.1	\$10.2	\$51	24.9	
1966	789	45.1	224	5.7	31.6	156	70.0	13.6	67	30.0	
1967	834	50.7	249	6.1	31.8	156	62.8	18.9	93	37.2	
1970	1,040	73.1	348	7.0	45.5	216	62.3	27.6	131	37.7	
1975	1,635	129.8	590	7.9	74.9	340	57.7	55.0	250	42.3	
1980	2,796	245.8	1,067	8.8	141.0	612	57.4	104.8	455	42.6	
1981	3,131	285.1	1,225	9.1	163.9	704	57.5	121.2	521	42.5	
1982	3,259	321.0	1,365	9.8	186.8	794	58.2	134.3	571	41.8	
1983	3,535	353.5	1,489	10.0	206.1	868	58.3	147.4	621	41.7	
1984	3,933	388.9	1,623	9.9	228.1	952	58.7	160.8	671	41.3	
1985	4,213	426.5	1,763	10.1	252.0	1,042	59.1	174.5	722	40.9	
1986	4,453	457.0	1,872	10.3	266.7	1,092	58.4	190.3	779	41.6	
1987	4,742	497.5	2,018	10.5	288.8	1,172	58.1	208.7	847	41.9	
1988	5,108	557.5	2,240	10.9	331.2	1,331	59.4	226.3	909	40.6	
1989	5,489	622.1	2,475	11.3	370.4	1,474	59.5	251.7	1,001	40.5	
1990	5,803	695.6	2,737	12.0	413.2	1,626	59.4	282.4	1,111	40.6	
1991	5,986	761.5	2,964	12.7	441.0	1,717	57.9	320.5	1,248	42.1	
1992	6,319	826.9	3,183	13.1	468.4	1,803	56.6	358.5	1,380	43.4	
1993	6,642	887.6	3,379	13.4	497.3	1,893	56.0	390.3	1,486	44.0	
1994	7,054	936.7	3,532	13.3	509.4	1,921	54.4	427.3	1,611	45.6	
1995	7,400	987.0	3,686	13.3	528.8	1,975	53.6	458.2	1,711	46.4	
1996	7,813	1,038.0	3,842	13.3	553.6	2,049	53.3	484.4	1,793	46.7	
1997	8,318	1,093.9	4,011	13.2	588.0	2,156	53.8	505.8	1,855	46.2	
1998	8,790	1,146.1	4,164	13.0	623.2	2,264	54.4	522.9	1,900	45.6	
1999	9,299	1,210.7	4,358	13.0	662.1	2,384	54.7	548.5	1,975	45.3	

NOTES: These data reflect Bureau of Economic Analysis Gross Domestic Product as of October 2000. Per capita is calculated using Census resident based population estimates.

SOURCES: CMS/OACT; U.S. Bureau of the Census; and U.S. Department of Commerce, Bureau of Economic Analysis

September 2001

National Health Care Source of Funds ¹ Selected Calendar Years

	1965	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total in billions	\$41.0	\$73.1	\$129.8	\$245.8	\$426.5	\$695.6	\$761.5	\$826.9	\$887.6	\$936.7	\$987.0	\$1,038.0	\$1,093.9	\$1,146.1	\$1,210.7
Percent Distribution															
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	75.1	62.3	57.7	57.4	59.1	59.4	57.9	56.6	56.0	54.4	53.6	53.3	53.8	54.4	54.7
Out-of-Pocket	44.3	34.3	28.8	23.7	22.4	19.8	18.7	17.8	16.8	15.6	15.1	14.9	15.1	15.4	15.4
Private Health Insurance	24.6	21.3	23.4	27.8	30.4	33.4	33.2	32.9	33.3	33.0	32.7	32.5	32.5	32.9	33.1
Other Private	6.3	6.6	5.5	5.9	6.3	6.2	5.9	5.9	5.9	5.8	5.8	5.9	6.1	6.1	6.1
Federal Government	11.4	24.0	27.8	29.0	28.6	27.7	29.1	30.4	30.9	31.9	32.8	33.4	33.1	32.2	31.8
Medicare	--	10.5	12.6	15.2	16.8	15.8	15.9	16.5	16.7	17.7	18.7	19.3	19.3	18.4	17.6
Federal Medicaid	--	3.9	5.7	5.9	5.3	6.1	7.4	8.2	8.6	8.7	8.7	8.9	8.7	8.7	8.9
Other Federal ²	11.4	9.6	9.5	7.9	6.5	5.7	5.8	5.7	5.5	5.5	5.4	5.2	5.1	5.1	5.2
State/Local Government	13.5	13.7	14.5	13.6	12.3	12.9	13.0	13.0	13.1	13.7	13.6	13.3	13.2	13.4	13.5
State Medicaid	--	3.3	4.6	4.7	4.3	4.5	4.8	4.9	5.1	5.6	5.9	5.8	5.9	6.3	6.5
Other State/Local ²	13.5	10.4	9.9	8.9	8.0	8.4	8.2	4.6	8.0	8.1	7.7	7.5	7.2	7.1	7.0

¹ Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

² 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

Personal Health Care Source of Funds ¹ **Selected Calendar Years**

	1965	1970	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Total in billions	\$34.7	\$63.2	\$113.0	\$214.6	\$372.3	\$609.4	\$672.1	\$729.0	\$775.8	\$816.5	\$865.7	\$911.9	\$958.8	\$1,002.3	\$1,057.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.6	64.8	60.2	59.7	60.6	61.0	59.5	58.2	57.4	55.8	55.3	54.9	55.3	56.2	56.7
Private Health Insurance	25.1	22.3	24.4	28.3	29.9	33.4	33.3	33.1	33.3	33.0	32.9	32.7	32.7	33.2	33.6
Out-of-Pocket	52.3	39.7	33.1	27.1	25.7	22.6	21.2	20.2	19.2	17.9	17.2	17.0	17.3	17.6	17.6
Other Private	2.2	2.8	2.7	4.3	5.1	5.0	4.9	4.9	5.0	4.9	5.1	5.2	5.3	5.4	5.5
Public Funds	20.4	35.2	39.8	40.3	39.4	39.0	40.5	41.8	42.6	44.2	44.7	45.1	44.7	43.8	43.3
Federal ²	8.1	22.8	27.1	29.2	29.4	28.6	30.0	31.4	32.3	33.5	34.3	34.9	34.6	33.5	32.8
State and Local ²	12.3	12.3	12.7	11.1	10.0	10.5	10.5	10.4	10.3	10.7	10.5	10.2	10.1	10.3	10.5

¹ Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

² 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT

September 2001

**National Medical Care Price Indicators
(1982-1984=100)
Average Annual Index**

Fiscal Year ¹	CPI			CPI - Medical Care									
	All items			All Services			Services						
							Hospital and Related Services						
	Total	Less Medical	Total	Total	Less Medical	Total	Total	Total	Hospital Services ²	Inpatient Services	Outpatient Services	Physicians' Services	Prescription Drugs
Year Ending June:													
1965	31.2	31.7	26.3	27.0	27.0	24.9	22.3	--	--	--	--	24.6 ³	45.0
1970	37.8	38.1	33.7	34.2	34.2	32.9	31.2	--	--	--	--	33.2	45.8
1975	51.8	52.3	46.1	46.5	46.5	45.1	44.2	--	--	--	--	45.6	51.3
Year Ending September:													
1980	80.0	80.4	75.4	75.6	75.6	73.0	72.9	66.9	--	--	--	74.6	73.6
1985	106.6	106.3	108.6	108.3	108.3	111.7	111.4	114.7	--	--	--	111.5	113.3
1990	128.7	126.9	137.2	135.0	135.0	159.2	158.9	173.4	--	--	135.1	158.0	160.2
1991	135.2	133.0	144.7	141.9	141.9	173.7	173.7	192.0	--	--	149.9	168.2	173.5
1992	139.3	136.5	150.6	147.1	147.1	187.0	187.2	209.4	--	--	164.6	178.4	185.7
1993	143.5	140.3	156.4	152.3	152.3	198.7	200.0	227.7	--	--	180.8	188.9	193.4
1994	147.3	143.8	161.9	157.3	157.3	208.6	210.7	242.4	--	--	192.4	197.7	199.2
1995	151.4	147.6	167.2	162.2	162.2	218.3	221.7	254.9	--	--	202.2	206.6	203.6
1996	155.6	151.6	172.7	167.3	167.3	226.5	230.6	266.8	--	--	212.7	214.7	208.9
1997	159.8	155.6	178.1	172.6	172.6	233.1	237.5	276.4	84.3 ⁴	84.1 ⁴	222.5	221.4	214.3
1998	162.4	158.0	183.1	177.3	177.3	240.1	244.8	285.2	104.1	103.2	230.9	227.6	219.7
1999	165.5	160.9	187.6	181.6	181.6	248.4	252.9	296.1	108.1	106.7	242.2	234.5	228.4
2000	170.8	166.0	193.5	187.2	187.2	258.1	263.0	312.3	114.0	112.1	259.0	242.4	236.5
													282.9

¹ Revisions to scope, concept and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 may differ from that priced in 1996 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 2000.

² Revised title. Years prior to January 1978 reflect semi-private room charges and prior to January 1997 reflect hospital room. Earlier series discontinued in 1996.

³ Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

⁴ New series began in January 1997; fiscal year annual average cannot be calculated.

SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

September 2001

National Medical Care Price Indicators
(1982-1984=100)
Percent Change from Preceding Year¹

Fiscal Year ²	CPI			CPI - Medical Care										Commodities	
	All Items			All Services			Services								
							Hospital and Related Services								
	Total	Less Medical	Total	Total	Less Medical	Total	Total	Hospital Services ³	Inpatient Services	Outpatient Services	Physicians' Services	Total	Prescription Drugs		
Year Ending June:															
1965	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
1970	5.9	5.8	7.6	7.6	7.6	6.4	7.4	--	--	--	7.4	1.5	1.9		
1975	11.1	11.0	10.8	10.3	10.3	12.5	13.3	--	--	--	12.8	7.0	5.0		
Year Ending September:															
1980	13.6	13.7	15.1	15.5	15.5	10.7	11.1	12.5	--	--	10.2	8.7	8.6		
1985	3.7	3.5	5.2	5.1	5.1	6.1	5.9	7.0	--	--	5.8	7.3	9.8		
1990	5.0	4.8	5.3	5.0	5.0	8.8	8.9	11.1	--	11.3	7.1	8.3	9.8		
1991	5.0	4.8	5.5	5.1	5.1	9.1	9.3	10.7	--	11.0	6.5	8.3	9.9		
1992	3.0	2.7	4.1	3.7	3.7	7.7	7.8	9.1	--	9.8	6.1	7.0	8.5		
1993	3.0	2.8	3.8	3.5	3.5	6.3	6.8	8.7	--	9.9	5.9	4.1	4.5		
1994	2.6	2.5	3.5	3.3	3.3	4.9	5.4	6.5	--	6.4	4.7	3.0	3.4		
1995	2.8	2.6	3.3	3.1	3.1	4.7	5.2	5.2	--	5.1	4.5	2.2	2.3		
1996	2.8	2.7	3.3	3.1	3.1	3.8	4.0	4.7	-- ⁴	5.2	3.9	2.6	3.0		
1997	2.7	2.6	3.1	3.2	3.2	2.9	3.0	3.6	⁴	4.6	3.1	2.6	3.0		
1998	1.6	1.5	2.8	2.7	2.7	3.0	3.1	3.2	--	3.8	2.8	2.5	2.9		
1999	1.9	1.8	2.5	2.4	2.4	3.5	3.3	3.8	3.4	4.9	3.0	4.0	5.5		
2000	3.2	3.2	3.1	3.1	3.1	3.9	4.0	5.5	5.1	6.9	3.4	3.5	5.0		

¹ Based on average of monthly figures for given years.

² Revisions to scope, concept, and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 may differ from that priced in 1996 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 2000.

³ Revised title. Years prior to January 1978 reflect semi-private room charges and prior to January 1997 reflect hospital room. Earlier series discontinued in 1996.

⁴ New series begins in January 1997; fiscal year annual average % change cannot be calculated.

SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

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III. ADMINISTRATIVE/OPERATING

Information in this section concerns activities and services related to the oversight of the day-to-day operations of CMS programs. Current and trend data on trust fund operations, contractor performance and administrative costs are included.

HIGHLIGHTS

- o *Medicare Hospital Insurance (HI) benefit payments grew from \$2.5 billion in FY 1967 to \$127.9 billion in FY 2000 (FY 2001 HI Trustees' Report). The Medicare Supplementary Medical Insurance (SMI) benefit payments increased from \$0.7 billion in FY 1967 to \$87.2 billion in FY 2000 (FY 2001 SMI Trustees' Report). The greatest increase to both programs occurred between 1970 and 1980, due to the addition of coverage for disabled persons beginning in 1973.*
- o *Medicare total HI and SMI administrative expenses as a percent of total HI and SMI benefit payments decreased from 7.1 percent in FY 1967 to 1.9 percent in FY 2000.*
- o *As of April 2001, Medicare had 29 intermediaries and 20 carriers processing claims. Part A and Part B unit costs increased 13 percent and 5 percent, respectively, from FY 1999 to FY 2000. During FY 2000, Part A unit costs were \$0.86 and Part B unit costs were \$0.63.*
- o *In FY 2000, covered charges on assigned claims were reduced an average of \$96.69. Covered charges on unassigned claims in FY 2000 were reduced an average of \$17.85.*

Medicare Operations of the HI Trust Fund **Selected Fiscal Years**

Fiscal Year ¹	Income					Disbursements				Trust Fund	
	Transfers from Railroad Retirement Account	Transfers for Uninsured Persons	Reimbursement for Voluntary Enrollees	Payments for Military Wage Credits	Interest and Other Income ²	Total Income	Benefit Payments ³	Administrative Expenses ⁴	Total Disbursements	Net Increase in Fund	Fund at End of Year
	Amount in millions										
1967	\$2,689	\$16	\$327	\$11	\$46	\$3,089	\$2,508	\$89	\$2,597	\$492	\$1,343
1970	4,785	64	617	11	137	5,614	4,804	149	4,953	661	2,677
1975	11,291	132	481	48	609	12,568	10,353	259	10,612	1,956	9,870
1980	23,244	244	697	141	1,072	25,415	23,790	497	24,288	1,127 ⁵	14,490
1985	46,490	371	766	86	3,182	50,933	47,841	813	48,654	4,103 ⁵	21,277
1990	70,655	367	413	107	7,908	79,563	65,912	774	66,687	12,876	95,631
1991	74,655	352	605	-1,011 ⁶	8,969	83,938	68,705	934	69,638	14,299	109,930
1992	80,978	374	621	86	10,133	92,677	80,784	1,191	81,974	10,703	120,633
1993	83,147	400	367	81	12,484 ⁷	97,101	90,738	866	91,604	5,497	126,131
1994	92,028	413	506	80	12,315	106,195	101,535	1,235	102,770	3,425	129,555
1995	98,053	396	462	61	14,876	114,847	113,583	1,300	114,883	-36	129,520
1996	106,934	401	419	-2,293 ⁸	14,565	121,135	124,088	1,229	125,317	-4,182	125,338
1997	112,725	419	481	70	13,575	128,548	136,175	1,661	137,836	-9,287	116,050
1998	121,913	419	34	67	14,449	138,203	135,487 ⁹	1,653	137,140	1,063	117,113
1999	134,385	430	652	71	16,075	153,015	129,463 ⁹	1,978	131,441	21,570	138,687
2000	137,738	465	470	2	19,614	159,681	127,934 ⁹	2,350	130,284	29,397	168,084

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² Other income includes recoveries of amounts reimbursed from the trust fund income which are not obligations of the trust fund, from taxation of benefits, and a small amount of miscellaneous income.

³ Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

⁴ Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

⁵ Includes repayment of loan principal from Old Age Survivors Insurance trust fund of \$1,824 million.

⁶ Includes the lump-sum general revenue adjustment of -\$1,100 million, as provided for by section 151 of P.L. 98-21.

⁷ Includes \$1,805 million transfer from the SMI catastrophic coverage reserve fund, as provided for by P.L. 102-394.

⁸ Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

⁹ Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

Medicare Operations of the SMI Trust Fund Selected Fiscal Years

Fiscal Year ¹	Income			Disbursements			Balance in Fund at End of Year ⁴
	Premiums from Participants	Government Contributions ²	Interest and Other Income ³	Total Income	Benefit Payments	Administrative Expenses	Total Disbursements
Amount in millions							
1967	\$647	\$623	\$15	\$1,285	\$664	\$135 ⁵	\$799
1970	936	928	12	1,876	1,979	217	2,196
1975	1,887	2,330	105	4,322	3,765	405	4,170
1980	2,928	6,932	415	10,275	10,144	593	10,737
1985	5,524	17,898	1,155	24,577	21,808	922	22,730
1990	11,494	33,210	1,434	46,138	41,498	1,524	43,022
1991	11,807	34,730	1,629	48,166	45,514	1,505	47,019
1992	12,748	38,684	1,717	53,149	48,627	1,661	50,288
1993	14,683	44,227	1,889	60,799	54,214 ⁶	1,845	56,059
1994	16,895	38,355	2,118	57,368	58,006	1,718	59,724
1995	19,244	36,988 ⁷	1,937	58,169	63,491	1,722	65,213 ⁷
1996	18,931	61,702 ⁷	1,392	82,025	67,176	1,771	68,946
1997	19,141	59,471	2,193	80,806	71,133	1,420	72,553
1998	19,427	59,919	2,608	81,955	74,837 ⁸	1,435	76,272
1999	20,160	62,185	2,933	85,278	79,008 ⁸	1,510	80,518
2000	20,515	65,561	3,164	89,239	87,212 ⁸	1,780	88,992

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

³ Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

⁴ The financial status of the program depends on both the total net assets and the liabilities of the program.

⁵ Administrative expenses shown include those paid in fiscal years 1966 and 1967.

⁶ Includes the transfer from SMI to HI of \$1,805 million, representing premiums paid into the SMI trust fund under the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360), as provided for by P.L. 102-394. Actual benefit payments for 1993 were \$52,409 million.

⁷ General fund transfers of \$6.7 billion could not be made in FY 1995 due to the absence of funding. Subsequently, a transfer was made in March 1996. Consequently, SMI government contributions are abnormally low for FY 1995 and abnormally high for FY 1996.

⁸ Benefit payments less monies transferred from the HI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

Medicare Operations of the HI Trust Fund Selected Fiscal Years

Fiscal Year ¹	Income					Disbursements				Trust Fund	
	Transfers from Railroad Retirement Account	Transfers for Uninsured Persons	Reimbursement for Voluntary Enrollees	Payments for Military Wage Credits	Interest and Other Income ²	Total Income	Benefit Payments ³	Administrative Expenses ⁴	Total Disbursements	Net Increase in Fund	Fund at End of Year
Amount in millions											
1967	\$2,689	\$16	\$327	\$11	\$46	\$3,089	\$2,508	\$89	\$2,597	\$492	\$1,343
1970	4,785	64	617	11	137	5,614	4,804	149	4,953	661	2,677
1975	11,291	132	481	48	609	12,568	10,353	259	10,612	1,956	9,870
1980	23,244	244	697	141	1,072	25,415	23,790	497	24,288	1,127	14,490
1985	46,490	371	766	86	3,182	50,933	47,841	813	48,654	4,103 ⁵	21,277
1990	70,655	367	413	107	7,908	79,563	65,912	774	66,687	12,876	95,631
1991	74,655	352	605	-1,011 ⁶	8,969	83,938	68,705	934	69,638	14,299	109,930
1992	80,978	374	621	86	10,133	92,677	80,784	1,191	81,974	10,703	120,633
1993	83,147	400	367	81	12,484 ⁷	97,101	90,738	866	91,604	5,497	126,131
1994	92,028	413	506	80	12,315	106,195	101,535	1,235	102,770	3,425	129,555
1995	98,053	396	462	61	14,876	114,847	113,583	1,300	114,883	-36	129,520
1996	106,934	401	419	-2,293 ⁸	14,565	121,135	124,088	1,229	125,317	-4,182	125,338
1997	112,725	419	481	70	13,575	128,548	136,175	1,661	137,836	-9,287	116,050
1998	121,913	419	34	67	14,449	138,203	135,487 ⁹	1,653	137,140	1,063	117,113
1999	134,385	430	652	71	16,075	153,015	129,463 ⁹	1,978	131,441	21,570	138,687
2000	137,738	465	470	2	19,614	159,681	127,934 ⁹	2,350	130,284	29,397	168,084

¹ Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

² Other income includes recoveries of amounts reimbursed from the trust fund income which are not obligations of the trust fund, from taxation of benefits, and a small amount of miscellaneous income.

³ Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

⁴ Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

⁵ Includes repayment of loan principal from Old Age Survivors Insurance trust fund of \$1,824 million.

⁶ Includes the lump-sum general revenue adjustment of -\$1,100 million, as provided for by section 151 of P.L. 98-21.

⁷ Includes \$1,805 million transfer from the SMI catastrophic coverage reserve fund, as provided for by P.L. 102-394.

⁸ Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

⁹ Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

Medicare Ratio of SMI Benefit Payments to Premium Income Selected Fiscal Years

Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in Millions						
1967	\$664	\$664	--	1.0	1.0	--
1970	1,979	1,979	--	2.1	2.1	--
1975	3,765	3,289	\$476	2.0	1.9	3.2
1980	10,144	8,497	1,647	3.5	3.2	5.7
1985	21,808	19,077	2,731	3.9	3.8	5.7
1990	41,498	36,837	4,661	3.7	3.6	4.7
1991	45,514	40,198	5,316	3.9	3.7	5.0
1992	48,627	42,841	5,786	3.8	3.7	4.9
1993	52,409	45,742	6,667	3.6	3.5	4.7
1994	58,006	50,355	7,651	3.4	3.3	4.5
1995	63,491	54,831	8,660	3.3	3.2	4.1
1996	67,176	57,816	9,360	3.5	3.4	4.5
1997	71,133	61,002	10,131	3.7	3.6	4.7
1998	75,815	65,146	10,669	3.9	3.8	4.7
1999	79,187	68,028	11,159	3.9	3.8	4.6
2000	88,918	76,543	12,375	4.3	4.3	4.8
Percent change						
1967-2000	13,291	11,428	--			
1975-2000	2,262	2,227	2,500			
1996-1997	6	6	8			
1997-1998	7	7	5			
1998-1999	4	4	5			
1999-2000	12	13	11			

NOTE: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund."

SOURCE: CMS/OACT

September 2001

Medicare Administrative Expenses Selected Fiscal Years

Fiscal Year	Administrative Expenses	
	Amount in Millions	Percent of Benefit Payments
HI Trust Fund		
1967	\$89	3.5
1970	149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1990	774	1.2
1991	934	1.4
1992	1,191	1.5
1993	866	1.0
1994	1,235	1.2
1995	1,300	1.1
1996	1,229	1.0
1997	1,661 ¹	1.2
1998	1,653 ¹	1.2
1999	1,979 ¹	1.5
2000	2,350 ¹	1.9
SMI Trust Fund		
1967	135 ²	20.3
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1990	1,524	3.7
1991	1,505	3.3
1992	1,661	3.4
1993	1,845	3.5
1994	1,718	3.0
1995	1,722	2.7
1996	1,771	2.6
1997	1,420	2.0
1998	1,435	1.9
1999	1,510	1.9
2000	1,780	2.0

¹ Includes non-expenditure transfers for Health Care Fraud and Abuse Control.

² Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: CMS/OACT

September 2001

Medicare Contractors 2000

	Intermediaries	Carriers
Blue Cross/Blue Shield	27	15
Other	2	5

NOTE: Data as of April 2001.

SOURCE: CMS/OFM

Medicare Claims Processing Costs Selected Fiscal Years

	Net Unit Cost per Claim					
	1975	1980	1985	1990	1999	2000
Intermediaries ¹	\$3.84	\$2.96	\$2.33	\$1.86	\$0.76 ³	\$0.86 ³
Carriers ²	\$2.90	\$2.33	\$1.88	\$1.56	\$0.60	\$0.63

¹ Includes direct costs and overhead costs for bill payment, reconsiderations and hearings lines.

² Includes direct costs and overhead costs for the claims payment, reviews and hearings, and beneficiary/physician inquiries lines.

³ Beginning in FY 1998, inquiries and PET activities are separated from other bill payment cost for intermediaries.

SOURCE: CMS/OFM

Medicare Appeals Fiscal Years 1999 - 2000

	1999		2000	
	Intermediary Reconsiderations	Carrier Reviews	Intermediary Reconsiderations	Carrier Reviews
Number Processed	48,155	3,237,390	47,805	3,344,925
Percent With Increased Payments	31.5	66.1	2915.0	65.0

SOURCE: CMS/OFM

September 2001

Medicare Physician/Supplier Claims Charge Reductions
Selected Fiscal years 1980 - 2000

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim
<u>Assigned (HCFA-1490/1500)</u>					
1980	70,937	80.0	\$6,878	22.5	\$21.81
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
1988	264,096	85.5	36,083	29.3	39.97
1989	295,666	86.3	41,852	30.9	43.72
1990	329,061	87.6	48,711	32.6	48.22
1991	373,250	86.7	57,547	35.2	54.20
1992	406,502	87.0	66,062	39.2	63.60
1993	446,475	88.2	74,261	42.1	70.08
1994	496,264	88.1	82,855	42.5	71.03
1995	534,972	86.4	91,672	42.2	72.31
1996	544,639	87.1	96,205	44.4	78.42
1997	564,461	87.5	102,279	45.7	82.74
1998	573,077	87.6	105,682	46.5	85.91
1999	586,227	88.7	113,008	47.5	91.76
2000	612,875	88.3	124,024	47.7	96.69
<u>Unassigned (HCFA-1490/1500)</u>					
1980	66,207	83.7	\$6,527	22.3	\$21.96
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44
1988	78,484	85.7	9,351	24.7	29.47
1989	74,621	89.2	8,794	25.2	29.67
1990	75,879	90.3	8,702	25.3	28.97
1991	78,450	90.7	8,134	24.0	24.84
1992	69,522	85.4	6,671	19.8	18.95
1993	54,096	85.5	4,724	16.9	14.75
1994	42,544	86.7	3,489	16.4	13.45
1995	32,695	83.9	2,725	15.6	13.01
1996	24,390	84.5	2,071	15.6	13.22
1997	19,765	84.4	1,726	16.3	14.23
1998	16,051	82.9	1,450	16.9	15.26
1999	14,061	81.6	1,321	17.5	16.49
2000	13,128	79.4	1,301	18.1	17.85

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

SOURCE: CMS/OFM

September 2001

Medicare Charge Determination Data for Physician/Supplier Claims Selected Fiscal Years 1975-2000

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Charge Reductions Were Made				
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Amount of Reduction		Avg. Amount per Approved Claim
					Total in thousands	Percent of Covered Charges	
1975	75,694	\$5,324,636	50,738	67.0	\$863,847	16.2	\$11.41
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9	40.89
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5	44.61
1991	451,700	65,680,424	394,615	87.4	22,179,014	33.8	49.10
1992	476,024	72,733,350	413,095	86.8	27,170,734	37.4	57.08
1993	500,572	78,984,666	439,888	87.9	32,089,244	40.6	64.11
1994	538,808	86,344,476	473,907	88.0	35,823,544	41.5	66.49
1995	567,666	94,396,848	489,467	86.2	39,108,517	41.4	68.89
1996	569,029	98,276,302	494,764	86.9	43,035,169	43.8	75.63
1997	584,226	104,004,862	510,568	87.4	46,987,436	45.2	80.43
1998	589,128	107,132,423	515,427	87.5	49,475,682	46.2	83.98
1999	600,288	114,329,416	531,776	88.6	54,023,415	47.3	90.00
2000	626,003	125,325,545	551,784	88.1	59,491,359	39.5	95.03

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: CMS/OFM

September 2001

**Medicaid Administrative Expenses
Fiscal Years 1998 - 2000**

	1998	1999	2000
Amount in thousands			
Total Payments Computable for Federal Funding ¹	\$8,333,696	\$9,494,049	\$10,577,848
Federal Share ¹			
Family Planning	\$15,091	\$14,199	\$9,833
Design, Development or Installation of MMIS ²	99,039	118,731	72,353
Skilled Professional Medical Personnel	237,871	247,156	244,293
Operation of an Approved MMIS	668,716	767,701	790,760
Other Financial Participation	3,484,468	4,103,939	4,699,336
Mechanized Systems Not Approved Under MMIS ²	70,047	72,562	76,022
Total Administration	\$4,575,232	\$5,324,288	\$5,892,597
Net Adjusted Federal Share ³	\$4,607,978	\$5,266,760	\$5,730,796

¹ Source: Form HCFA-64 (net expenditures reported -- Administration).
Fiscal Year 2000 is preliminary (03/2001).

² Medicaid Management Information System.

³ Includes Federal share of net expenditures reported plus CMS adjustments.

SOURCE: CMS/CMSO

September 2001

IV. POPULATIONS

Information about persons covered by Medicare Hospital Insurance (HI) and Supplementary Medical Insurance (SMI) and Medicaid.

Medicare statistics are based on persons enrolled for coverage. Medicaid recipient counts are used as a surrogate of persons eligible for coverage. Current and trend data showing demographic and eligibility category distributions are included.

HIGHLIGHTS

- o In 2000, 86 percent of the Medicare population was age 65 and over.*
- o An estimated 97 percent of the total aged population has some type of Medicare coverage.*
- o In 2000, approximately 93 percent of the total Medicare population was covered by both Part A and Part B.*
- o The Medicare Part A beneficiaries ages 85 and over, as a percent of all aged beneficiaries, increased from 6.2 percent in 1966 to 12.6 percent in 2000. During this same time period, the 65 to 69 year age group, as a percent of all aged beneficiaries, decreased from 34.1 percent in 1966 to 26.9 percent in 2000.*
- o The Medicare female beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, increased from 57.4 percent in 1966 to 58.7 percent in 2000. During this same time period, the Medicare male beneficiaries enrolled in Medicare Part A, as a percent of all aged beneficiaries, decreased from 42.6 percent in 1966 to 41.3 percent in 2000.*
- o There has been an increase of 9.0 percent in the number of Medicare State Buy-Ins between 1997 and 2000.*

Medicare Enrollees Selected Years

	1975	1980	1985	1990	1995	2000	2001	2002
	Number in millions							
HI and/or SMI								
Total	24.9	28.4	31.1	34.3	37.6	39.6	40.0	40.4
Aged	22.7	25.5	28.1	31.0	33.2	34.2	34.4	34.6
Disabled	2.2	3.0	2.9	3.3	4.4	5.4	5.6	5.8
HI								
Total	24.5	28.0	30.6	33.7	37.2	39.2	39.6	40.0
Aged	22.3	25.0	27.7	30.5	32.7	33.8	34.0	34.2
Disabled	2.2	3.0	2.9	3.3	4.4	5.4	5.6	5.8
SMI								
Total	23.7	27.3	29.9	32.6	35.6	37.3	37.7	38.0
Aged	21.8	24.6	27.2	29.6	31.7	32.5	32.7	32.9
Disabled	1.9	2.7	2.7	2.9	3.9	4.8	5.0	5.1
HI and SMI	23.4	26.8	29.4	32.1	35.2	36.9	37.3	37.6
HI Only	1.1	1.2	1.2	1.7	2.0	2.3	2.4	2.4
SMI Only	0.4	0.4	0.5	0.5	0.4	0.4	0.4	0.4

NOTES: Historical data through 2000. Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

September 2001

Medicare HI and/or SMI Enrollment Demographics 1999

	Total	Male	Female
All Persons	39,136,607	16,885,232	22,281,375
Aged Persons	33,909,014	13,899,440	20,009,574
65 - 74	17,611,662	7,956,238	9,655,424
75 - 84	12,026,902	4,728,830	7,298,072
85 and over	4,270,450	1,214,372	3,056,078
Disabled Persons	5,227,593	2,955,792	2,271,801
Under 45	1,630,665	959,432	671,233
45 - 54	1,559,112	884,370	674,742
55 - 64	2,037,816	1,111,990	925,826
White	33,029,633	14,202,757	18,826,876
Black	3,591,560	1,518,353	2,073,207
All Other	2,291,929	1,042,934	1,248,995
Native American	52,501	25,715	26,786
Asian/Pacific	380,662	167,392	213,270
Hispanic	803,111	381,195	421,916
Other	1,055,655	468,632	587,023
Unknown Race	223,485	91,188	132,297

NOTES: Data as of December. Totals do not necessarily equal the sum of the rounded components. Data by race are shown by the Office of Management and Budget Statistical Directive 15 (Federal Register, 1978). The use of the category of Other reflects CMS's use of SSA's Master Beneficiary Record which was not expanded. See Arday et al., "HCFA's Racial and Ethnic Data: Current Accuracy and Recent Improvements," HCF Review, Vol. 21, No. 4.

SOURCE: CMS/OIS

Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics 2000

	Number of Enrollees
All Persons	329,751
Age	
Under 35	28,369
35-44	38,579
45-64	123,237
65 and over	139,566
Sex	
Male	178,497
Female	151,254
Race	
White	183,161
Non-white	145,289
Unknown	1,301

NOTES: Data reflect persons ever enrolled. Based on the 2000 Denominator File.

SOURCE: CMS/OIS

September 2001

Medicare HI Enrollment Demographics Selected Years

Year	Number in thousands	Percent Distribution by Age					Median Age in Years	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.3
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.5
1992	31,585	100.0	30.3	26.2	19.5	13.0	11.0	73.6
1993	32,060	100.0	29.9	26.2	19.6	13.1	11.2	73.7
1994	32,409	100.0	29.3	26.5	19.5	13.3	11.4	73.8
1995	32,742	100.0	28.7	26.4	19.8	13.5	11.6	74.0
1996	33,022	100.0	28.3	26.2	20.2	13.6	11.7	74.1
1997	33,237	100.0	27.8	26.0	20.6	13.7	11.9	74.3
1998	33,410	100.0	27.2	25.8	20.9	13.9	12.2	74.4
1999	33,519	100.0	26.8	25.5	21.3	14.0	12.4	74.6
2000	33,841	100.0	26.9	25.1	21.3	14.2	12.6	74.6

Percent Distribution of Aged Enrollees by Sex and Race									
Year	All Persons	Male			Female				
		Total	White	Non- White	Unknown	Total	White	Non- White	
									Unknown
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1	2.5
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4	1.9
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7	1.7
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9	1.7
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1	1.8
1990	100.0	40.3	35.2	3.9	1.2	57.7	52.1	5.8	1.9
1992	100.0	40.4	34.9	4.0	1.4	59.6	51.5	6.1	2.0
1993	100.0	40.5	34.9	4.1	1.5	59.5	51.2	6.3	2.1
1994	100.0	40.6	36.0	3.7	0.9	59.4	52.6	5.6	1.3
1995	100.0	40.7	35.9	3.8	1.0	59.3	52.2	5.8	1.4
1996	100.0	40.8	35.9	3.9	1.0	59.2	51.9	5.9	1.4
1997	100.0	40.9	35.8	3.5	1.5	59.1	51.5	5.6	2.0
1998	100.0	41.0	35.8	3.6	1.5	59.0	51.3	5.8	1.9
1999	100.0	41.0	35.6	3.8	1.5	59.0	50.8	6.1	2.1

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OIS/OSP

September 2001

Medicare State Buy-Ins for SMI **1997 - 2000**

Type of Beneficiary ¹	1997	1998	1999	2000
All Persons				
Number	5,088,980	5,209,300	5,391,704	5,549,171
Percent of SMI Enrolled	14.0	14.2	14.5	14.9
Aged				
Number	3,445,079	3,474,102	3,562,777	3,632,069
Percent of SMI Enrolled	10.7	10.7	11.0	11.1
Disabled				
Number	1,643,898	1,735,195	1,828,927	1,917,101
Percent of SMI Enrolled	39.2	39.7	40.5	41.2

¹ Buy-ins represent beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year. Percent calculated using Part B person-years.

SOURCES: CMS/OSP

September 2001

Medicaid Person Years and Recipients Selected Fiscal Years

	1975	1980	1985	1990	1995	1999	2000	2001	2002
<hr/>									
Person Years	Number in millions								
Total	n/a	n/a	n/a	22.9	33.4	32.8	33.4	33.9	34.3
Aged	n/a	n/a	n/a	3.1	3.7	3.8	3.9	3.9	4.0
Blind/Disabled	n/a	n/a	n/a	3.8	5.8	6.6	6.7	6.8	6.9
Children	n/a	n/a	n/a	10.7	16.5	16.3	16.5	16.8	17.0
Adults	n/a	n/a	n/a	4.9	6.7	6.2	6.3	6.4	6.4
Other Title XIX	n/a	n/a	n/a	0.5	0.6	n/a	n/a	n/a	n/a
<hr/>									
Recipients	Number in millions								
Total	22.0	21.6	21.8	25.3	36.3	41.0	41.7	42.3	42.8
Aged	3.6	3.4	3.1	3.2	4.2	4.5	4.5	4.6	4.6
Blind/Disabled	2.5	2.9	3.0	3.7	6.0	7.3	7.4	7.6	7.7
Children	9.6	9.3	9.8	11.2	17.6	20.9	21.2	21.5	21.8
Adults	4.5	4.9	5.5	6.0	7.8	8.4	8.5	8.6	8.7
Other Title XIX	1.8	1.5	1.2	1.0	0.6	n/a	n/a	n/a	n/a

NOTES: Person Years represent the average monthly enrollment during the fiscal year. Prior to 1991, recipient categories do not add to total because recipients could be reported in more than one category. Totals after 1990 may not add due to rounding. Aged and Blind/Disabled eligibility groups include Qualified Medicare Beneficiaries (QMB) and Specified Low-Income Medicare Beneficiaries (SLMB). Children and Adult groups include both AFDC/TANF and poverty level recipients who are not disabled. Recipient data for fiscal years 1975-1995 are historical data from OIS as reported by states. Projections for fiscal years 1999-2002 were prepared by OACT from the President's FY 2002 budget. FY 1999-2002 do not include the State Children's Health Insurance Program (SCHIP). These estimates may differ from those based on Medicaid person-years of enrollment.

In 1997, the Other Title XIX category was dropped and the recipients therein were subsumed in the remaining categories. In 1998, Medicaid recipients were redefined to include eligibles on behalf of whom a capitation payment is paid. The large increase between 1995 and 1999 is primarily the result of this change of definition.

SOURCES: CMS/CMSO/OIS/OACT

September 2001

Medicaid Recipient Demographics Selected Fiscal Years

	1995	1996	1997	1998
All Recipients in thousands	36,282	36,118	33,579	40,649
Percent Distribution				
Age	100.0	100.0	100.0	100.0
Under 21	51.5	50.6	51.8	51.2
21 - 64	31.5	30.8	31.5	29.9
65 and over	12.2	13.0	13.6	11.5
Unknown	4.8	5.6	3.0	7.4
Sex	100.0	100.0	100.0	100.0
Male	36.5	36.4	37.5	36.2
Female	58.5	57.9	59.4	55.1
Unknown	5.0	5.7	3.1	8.7
Race	100.0	100.0	100.0	100.0
White	45.5	44.8	46.1	41.3
Black	24.7	23.9	24.4	24.2
American Indian/Alaskan Native	0.8	0.8	1.0	0.8
Asian/Pacific Islander	2.2	2.1	2.0	2.5
Hispanic	17.2	17.5	14.8	15.6
Unknown	9.6	10.9	11.6	15.5

NOTES: The percent distribution is based on rounded numbers. Totals do not necessarily equal the sum of rounded components. These estimates may differ from those based on Medicaid person-years of enrollment. Beginning in FY 1998, Medicaid recipients were redefined to include those eligibles for whom a capitated payment was made.

SOURCES: CMS/CMSO/OIS

September 2001

Life Expectancy at Birth and at Age 65 by Race and Sex: United States Selected Calendar Years

Calendar Year	All Races			White			Black		
	Both Sexes	Men	Women	Both Sexes	Men	Women	Both Sexes	Men	Women
At Birth									
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1992	75.8	72.3	79.1	76.5	73.2	79.8	69.6	65.0	73.9
1994	75.7	72.4	79.0	76.5	73.3	79.6	69.5	64.9	73.9
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
1996	76.1	73.1	79.1	76.8	73.9	79.7	70.2	66.1	74.2
1997	76.5	73.6	79.4	77.1	74.3	79.9	71.1	67.2	74.7
1998 ¹	76.7	73.8	79.5	77.3	74.5	80.0	71.3	67.6	74.8
1999	76.7	73.9	79.4	77.3	74.6	79.9	71.4	67.8	74.7
At Age 65									
1950	13.9	12.8	15.0	NA	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1992	17.5	15.4	19.2	17.6	15.5	19.3	15.7	13.5	17.4
1994	17.4	15.5	19.0	17.5	15.6	19.1	15.7	13.6	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
1996	17.5	15.7	19.0	17.6	15.8	19.1	15.8	13.9	17.2
1997	17.7	15.9	19.2	17.8	16.0	19.3	16.1	14.2	17.6
1998 ¹	17.8	16.0	19.2	17.8	16.1	19.3	16.1	14.3	17.4
1999	17.7	16.0	19.1	17.8	16.1	19.2	16.0	14.3	17.3

¹ Preliminary data for 1999.

SOURCE: Public Health Service, Health United States, 2001 (preliminary)

September 2001

Life Expectancy at Age 65 **Based on U.S. Life Table Functions**

Calendar Year	Male	Female
Number in years		
1965	12.9	16.3
1970	13.1	17.1
1975	13.7	18.0
1980	14.0	18.4
1985	14.4	18.6
1990	15.0	19.0
1991	15.1	19.1
1992	15.2	19.2
1993	15.1	19.0
1994	15.3	19.0
1995	15.6	19.0
1996 ¹	15.5	19.2
1997 ¹	15.6	19.2
1998 ²	15.7	19.3
1999 ²	15.7	19.3
2000 ²	15.8	19.3
2005 ²	16.1	19.5
2010 ²	16.2	19.6
2015 ²	16.4	19.8
2020 ²	16.6	19.9
2025 ²	16.8	20.2
2030 ²	17.1	20.4
2035 ²	17.3	20.7
2040 ²	17.5	20.9
2045 ²	17.7	21.1
2050 ²	17.9	21.3
2055 ²	18.1	21.5
2060 ²	18.2	21.7
2065 ²	18.4	21.9
2070 ²	18.6	22.1

¹ Preliminary.

² Estimated.

NOTE: The life expectancy is the average number of years of life remaining to a person if he were to experience the age-specific mortality rates for the tabulated year throughout the remainder of his life.

SOURCE: SSA/OACT

September 2001

V. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., discharges, days of care; and (3) dimension of the services rendered, e.g. length of stay, charges per day. Utilization data are distributed for program coverage categories and type of service.

HIGHLIGHTS

- o The number of aged Medicare enrollees who received a covered service increased from 528 per 1,000 in 1975 to 921 per 1,000 enrollees in 1999.*
- o The number of disabled Medicare enrollees receiving services per 1,000 enrollees increased from 450 to 830 during the same period.*
- o The total number of all outpatient visits in the United States and the adjusted expense per patient day has increased steadily since 1983.*
- o The Medicare average length of stay for all short-stay and excluded units has been dropping for the past several years.*
- o The Medicare aged persons served rate per 1,000 enrollees for Medicare skilled nursing facilities has grown five-fold from 1982 to 1999. During the same period, the home health agencies Medicare aged persons served rate per 1,000 enrollees more than doubled.*

Medicare Short-Stay Hospital Utilization Selected Fiscal Years

	1990	1996	1997	1998	1999
Discharges					
Total in millions	10.5	11.7	11.9	11.9	11.7
Rate per 1,000 Enrollees ¹	313	312	317	319	310
Days of Care					
Total in millions	94	78	76	74	71
Rate per 1,000 Enrollees ¹	2,805	2,074	2,014	1,972	1,897
Average Length of Stay					
All short-stay	9.0	6.7	6.4	6.2	6.1
Excluded Units ²	19.5	14.0	13.4	12.9	12.6
Total Charges per Day	\$1,060	\$2,002	\$2,167	\$2,332	\$2,496

¹ The population base is HI enrollment excluding HI enrollees residing in Foreign countries and should be treated as preliminary.

² Includes alcohol/drug, psychiatric, and rehabilitation units through 1996, and psychiatric and rehabilitation units from 1997 through 1999.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. The data for 1990 through 1999 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/OIS

September 2001

Medicare Short-Stay Hospital Days per Person by Days of Care Calendar Year 1999

Total Days of Care	Persons Using Number of Days	Percent Distribution	Cumulative Percent Distribution	Total Days Used	Percent Distribution	Days Per Person
TOTAL	6,999,630	100.0	---	70,940,880	100.0	10.1
1 day	628,945	9.0	9.0	628,945	0.9	1.0
2 days	721,110	10.3	19.3	1,442,220	2.0	2.0
3 days	763,760	10.9	30.2	2,291,280	3.2	3.0
4 days	673,435	9.6	39.8	2,693,740	3.8	4.0
5 days	540,215	7.7	47.5	2,701,075	3.8	5.0
6 days	443,770	6.3	53.9	2,662,620	3.8	6.0
7 days	380,805	5.4	59.3	2,665,635	3.8	7.0
8 days	312,610	4.5	63.8	2,500,880	3.5	8.0
9 days	258,900	3.7	67.5	2,330,100	3.3	9.0
10 days	222,625	3.2	70.7	2,226,250	3.1	10.0
11 days	193,035	2.8	73.4	2,123,385	3.0	11.0
12 days	165,935	2.4	75.8	1,991,220	2.8	12.0
13 days	148,595	2.1	77.9	1,931,735	2.7	13.0
14 days	136,910	2.0	79.9	1,916,740	2.7	14.0
15 days	119,235	1.7	81.6	1,788,525	2.5	15.0
16 days	103,510	1.5	83.1	1,656,160	2.3	16.0
17 days	92,710	1.3	84.4	1,576,070	2.2	17.0
18 days	85,105	1.2	85.6	1,531,890	2.2	18.0
19 days	76,125	1.1	86.7	1,446,375	2.0	19.0
20 days	69,550	1.0	87.7	1,391,000	2.0	20.0
21-30 days	438,080	6.3	93.9	10,864,790	15.3	24.8
31-40 days	195,645	2.8	96.7	6,834,030	9.6	34.9
41-50 days	98,650	1.4	98.1	4,435,840	6.3	45.0
51-60 days	52,865	0.8	98.9	2,909,750	4.1	55.0
61-90 days	58,460	0.8	99.7	4,197,265	5.9	71.8
91 days or more	19,045	0.3	100.0	2,203,360	3.1	115.7

NOTES: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays. Days from all stays are combined. Calendar year data are derived from 1999 MEDPAR stay file. This file includes stays recorded in CMS central office through June 2000. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/OSP

September 2001

Medicare Short-Stay Hospital Discharges by Length of Stay Calendar Year 1999

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number	Percent Distribution	Cumulative Percent Distribution	Number	Percent Distribution	Cumulative Percent Distribution
TOTAL	11,689,510	100.0	--	70,940,880	100.0	--
1 day	1,411,835	12.1	12.1	1,411,835	2.0	2.0
2 days	1,581,595	13.5	25.6	3,163,190	4.5	6.4
3 days	1,700,495	14.5	40.2	5,101,485	7.2	13.6
4 days	1,471,020	12.6	52.7	5,884,080	8.3	21.9
5 days	1,135,780	9.7	62.5	5,678,900	8.0	29.9
6 days	882,300	7.5	70.0	5,293,800	7.5	37.4
7 days	715,515	6.1	76.1	5,008,605	7.1	44.5
8 days	531,085	4.5	80.7	4,248,680	6.0	50.5
9 days	390,600	3.3	84.0	3,515,400	5.0	55.4
10 days	303,930	2.6	86.6	3,039,300	4.3	59.7
11 days	240,950	2.1	88.7	2,650,450	3.7	63.4
12 days	189,230	1.6	90.3	2,270,760	3.2	66.6
13 days	163,470	1.4	91.7	2,125,110	3.0	69.6
14 days	147,800	1.3	93.0	2,069,200	2.9	72.5
15 days	117,150	1.0	94.0	1,757,250	2.5	75.0
16 days	91,210	0.8	94.7	1,459,360	2.1	77.1
17 days	74,660	0.6	95.4	1,269,220	1.8	78.9
18 days	63,550	0.5	95.9	1,143,900	1.6	80.5
19 days	53,340	0.5	96.4	1,013,460	1.4	81.9
20 days	47,865	0.4	96.8	957,300	1.3	83.3
21-30 days	244,465	2.1	98.9	5,962,200	8.4	91.7
31-40 days	72,735	0.6	99.5	2,522,550	3.6	95.2
41-50 days	29,655	0.3	99.7	1,327,860	1.9	97.1
51-60 days	12,935	0.1	99.9	711,635	1.0	98.1
61-90 days	12,280	0.1	100.0	872,830	1.2	99.3
91 days or more	4,060	0.0	100.0	482,520	0.7	100.0

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 1999 MEDPAR stay file. This file includes stays recorded in CMS central office through June 2000. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/OSP

September 2001

Medicare Short-Stay Hospital DRGs Ranked by Discharges Fiscal Year 1999

Rank	DRG No.	DRG Relative Weight	Discharges ¹		Average Length of Stay	Average Charge Per Discharge	Total Payments ² (in thousands)	Medicare Payments (in thousands)	Beneficiary Payments ³ (in thousands)	Average Payments ⁴				
			Number	Percent						Total	Medicare	Beneficiary	Total	
													Total	Medicare
			11,952,079	100.0	6.7	\$14,359	\$86,662,865	\$79,908,028	\$6,754,836	\$ 7,251	\$ 6,686	\$ 565		
1	127	1.0199	727,523	6.1	5.4	9,831	3,565,129	3,200,674	364,455	4,900	4,399	501		
2	089	1.1006	512,593	4.3	6.1	10,267	5,560,507	5,262,937	297,570	10,848	10,267	581		
3	088	0.9705	399,638	3.3	5.3	8,860	1,773,617	1,551,369	222,247	4,438	3,882	556		
4	209	1.1889	359,625	3.0	6.1	11,564	2,059,736	1,840,866	218,870	5,727	5,119	609		
5	014	2.2337	356,006	3.0	5.1	20,113	3,590,828	3,349,736	241,093	10,086	9,409	677		
6	116	0.8073	309,257	2.6	11.7	12,019	1,982,907	1,794,802	188,105	6,412	5,804	608		
7	430	2.5321	273,202	2.3	3.9	24,181	3,293,131	3,139,220	153,911	12,054	11,490	563		
8	462	0.9925	251,520	2.1	4.8	9,642	1,188,011	1,047,723	140,288	4,723	4,166	558		
9	174	0.7664	237,678	2.0	4.3	7,404	856,426	726,656	129,770	3,603	3,057	546		
10	296	1.4041	235,855	2.0	13.8	17,263	2,344,070	2,289,963	54,106	9,939	9,709	229		
11	182	0.8657	235,799	2.0	5.3	8,373	1,009,186	891,883	117,304	4,280	3,782	497		
12	416	1.4838	216,085	1.8	7.3	14,652	1,581,436	1,463,381	118,055	7,319	6,772	546		
13	138	0.7962	205,129	1.7	4.0	7,860	779,084	667,005	112,079	3,798	3,252	546		
14	143	1.6258	204,714	1.7	8.4	15,820	1,614,009	1,506,424	107,585	7,884	7,359	526		
15	079	0.8782	184,455	1.5	5.4	8,441	789,761	687,272	102,489	4,282	3,726	556		
16	320	0.5200	175,090	1.5	2.2	5,204	434,134	327,328	106,807	2,479	1,869	610		
17	121	1.6537	170,044	1.4	6.5	15,185	1,144,844	1,144,030	91,185	6,733	6,728	536		
18	132	0.6749	168,525	1.4	3.1	6,363	517,814	430,525	87,289	3,073	2,555	518		
19	015	1.3565	145,740	1.2	4.4	13,729	939,565	860,877	78,688	6,447	5,907	540		
20	124	0.7241	145,465	1.2	3.7	7,111	496,238	405,722	90,516	3,411	2,789	622		
21	148	3.3883	144,289	1.2	12.1	33,258	2,482,000	2,390,546	91,453	17,202	16,568	634		
22	210	1.8265	134,991	1.1	6.8	17,208	1,163,899	1,078,892	85,008	8,622	7,992	630		
23	478	2.2981	119,926	1.0	7.3	23,809	1,446,107	1,382,537	63,569	12,058	11,528	530		
24	475	3.7291	110,704	0.9	11.1	37,112	2,130,929	2,062,978	67,950	19,249	18,635	614		
25	316	5.5843	101,672	0.9	10.5	54,591	2,726,287	2,667,814	58,473	26,815	26,239	575		

¹ Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

² Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments and beneficiary obligations.

Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

Beneficiary payments are the responsibility of the beneficiary or other third party payer.

⁴ Average payments are calculated using actual dollar amount, not rounded data as shown.

SOURCE: CMS/OIS

September 2001

Medicare Ranking for all Short-Stay Hospitals **Fiscal Year 1999 versus 1998**

FY Rank 1999	FY Rank 1998	DRG Number	Descriptions
1	1	127	Heart Failure and Shock
2	2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions
3	3	088	Chronic Obstructive Pulmonary Disease
4	5	209	Major Joint and Limb Reattachment Procedures
5	4	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
6	7	116	Oth perm cardiac pacemaker implant or aicd lead or generator proc
7	6	430	Psychoses
8	10	462	Rehabilitation
9	8	174	Gastrointestinal Hemorrhage with Complicating Conditions
10	11	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions
11	9	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions
12	12	416	Septicemia, Age over 17
13	13	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
14	16	143	Chest Pain
15	14	079	Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions
16	15	320	Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions
17	17	121	Circulatory Disorders with Acute Myocardial Infarction, with Cardiovascular Complications, Discharged Alive
18	18	132	Atherosclerosis with Complicating Conditions
19	20	015	Transient Ischemic Attack and Precerebral Occlusions
20	19	124	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis
21	21	148	Major small and large bowel procedures with cc
22	22	210	Hip and Femur Procedures except Major Joint, Age over 17 with Complicating Conditions
23	23	478	Other Vascular Procedures with Complicating Conditions
24	24	475	Respiratory system diagnosis with ventilator support
25	27	316	Renal Failure

SOURCE: CMS/OIS

September 2001

Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1999

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
All Procedure Codes²			
Leading Procedure Codes³			
99213	Office/outpatient evaluation and management, established patient, level 3	\$60,578,047,543	100.0
99214	Evaluation and Management, established patient, level 4	29,521,891,768	48.7
99232	Subsequent hospital care, per day, evaluation and management, level 2	3,610,946,027	6.0
66984	Remove cataract, insert lens	2,219,316,094	3.7
99233	Subsequent hospital care, per day, evaluation and management, level 2	1,961,682,442	3.2
99212	Office/outpatient visit, est	1,853,930,834	3.1
99231	Subsequent hospital care, per day, evaluation and management, level 1	968,000,885	1.6
99223	Initial hospital care for evaluation and management, level 3	844,913,743	1.4
99215	Office/outpatient evaluation and management, established patient, level 5	834,938,911	1.4
99254	Initial inpatient consultation for a new or established patient, level 4	673,658,217	1.1
88305	Level II - Surgical pathology, gross and microscopic examination	572,234,004	0.9
93307	Echocardiography, real-time with image documentation (2D), complete	549,012,750	0.9
99285	Emergency department evaluation and management, level 5	545,927,351	0.9
99244	Office consultation for a new or established patient, level 4	497,870,817	0.8
92014	Eye exam & treatment	462,365,335	0.8
99284	Emergency dept visit	452,028,935	0.7
90921	ESRD related services, age 20 and over	431,463,693	0.7
99255	Initial inpatient consultations	425,938,745	0.7
78465	Heart image (3D) multiple	405,800,613	0.7
99238	Emergency department evaluation and management, level 3	403,716,988	0.7
99312	Subsequent nursing facility care, per day, for evaluation, level 3	395,367,179	0.7
99222	Initial hospital care, for evaluation and management, level 2	381,103,110	0.6
99291	Critical care, including the diagnostic and therapeutic services	377,415,394	0.6
99203	Office/outpatient visit, new, evaluation and management, low complexity	355,561,480	0.6
99243	Office consultation, established patient, moderate severity, 40 minutes	325,824,488	0.5
		298,968,230	0.5
		289,594,258	0.5

Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1999

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
99283	Emergency department evaluation and management, level 3	279,150,994	0.5
99204	Office/outpatient visit, new, evaluation and management, moderate complexity	287,501,927	0.5
90806	Psytx, off, 45-50 min	281,173,987	0.5
71020	Radiologic examination, chest, two views, frontal and lateral	271,231,504	0.4
99245	Office consultation for a new or established patient, level 5	267,131,301	0.4
93000	Electrocardiogram, complete with at least 12 leads, interpretation & report	260,326,728	0.4
27447	Arthroplasty, knee, condyle and plateau	259,959,604	0.4
99253	Initial inpatient consultation, new, evaluation and management	254,088,850	0.4
45378	Diagnostic colonoscopy	253,919,286	0.4
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	245,006,656	0.4
92980	Insert intracoronary stent, single vessel	243,235,021	0.4
99311	Subsequent nursing facility care, per day, for evaluation, level 1	240,558,874	0.4
92012	Ophthalmological medical exam/evaluation, established patient	237,895,430	0.4
11721	Debride nail, 6 or more	220,936,520	0.4
43239	Upper GI endoscopy, including esophagus biopsy	213,065,158	0.4
70553	Magnetic image, brain	211,208,334	0.3
93320	Doppler echo exam, heart, pulsed wave and/or continuous wave	210,755,122	0.3
45385	Colonoscopy, with removal of tumor, polyp, or lesion	202,264,298	0.3
66821	Laser surgery (YAG laser), one or more stages	198,679,844	0.3
90862	Medication management including prescription use and review of medication	196,784,557	0.3
77430	Weekly radiation therapy management	189,190,890	0.3
93510	Left heart catheterization, retrograde, from bacial, axillary or femoral artery	188,697,122	0.3
98941	Chiropractic manipulation, three to four regions	183,127,601	0.3
93880	Duplex scan of extracranial arteries, complete bilateral study	176,746,264	0.3
93325	Doppler color flow velocity mapping	176,327,420	0.3
93010	Electrocardiogram, interpretation and report only	175,709,432	0.3
00142	Anesthesia for lens surgery	169,117,273	0.3
76092	Mammogram, screening, two view film study of each breast	167,097,308	0.3
97110	Therapeutic exercises, one or more areas, 15 minutes each	164,460,638	0.3
98940	Chiropractic manipulation	161,701,555	0.3
99205	Office/outpatient visit, new, 60 minutes	160,169,781	0.3

Medicare Leading Part B Procedure Codes Based on Allowed Charges Calendar Year 1999

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges ¹
71010	Chest x-ray, single view, frontal	156,507,159	0.3
99202	Office or other outpatient visit for evaluation and management of new patient	151,655,737	0.3
80061	Lipid panel	145,437,209	0.2
99211	Office/outpatient visit, established patient, evaluation and management	139,093,038	0.2
93015	Cardiovascular stress test with physician supervision	139,049,224	0.2
17003	Destroy lesions, 2-14	137,136,778	0.2
92004	Eye exam, new patient	136,598,748	0.2
72148	Magnetic image, lumbar spine	135,930,300	0.2
20610	Drain/inject, joint/bursa	133,082,390	0.2
99313	Subsequent nursing facility care, per day, for evaluation, level 1	130,751,720	0.2
17000	Destroy benign/premalignant lesion	130,599,992	0.2
00562	Anesth, open heart surgery	130,294,411	0.2
70450	CAT scan of head or brain	128,398,156	0.2
76075	Dual energy x-ray study	124,509,679	0.2
27130	Total hip replacement	123,160,350	0.2
45380	Colonoscopy and biopsy, single or multiple	121,347,792	0.2
35301	Rechanneling of artery	120,744,959	0.2
74160	Contrast CAT scan of abdomen	120,501,353	0.2
27244	Repair of thigh fracture, with plate/screw type implant, with or without cerclage	118,457,734	0.2
84443	Thyroid stimulating hormone (TSH)	113,835,237	0.2

¹ Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

² The total number of procedure codes is approximately 10,000.

³ Allowed charges were aggregated by procedure code. The above listed 76 procedure codes account for approximately 49% of the allowed charges.

NOTES: The AMA owns the copyright on the CPT codes and the copyright remains unaltered by the CMS publication of CPT codes in this document. CPT codes are not public property and must always be used in compliance with copyright law.

SOURCE: CMS/OIS

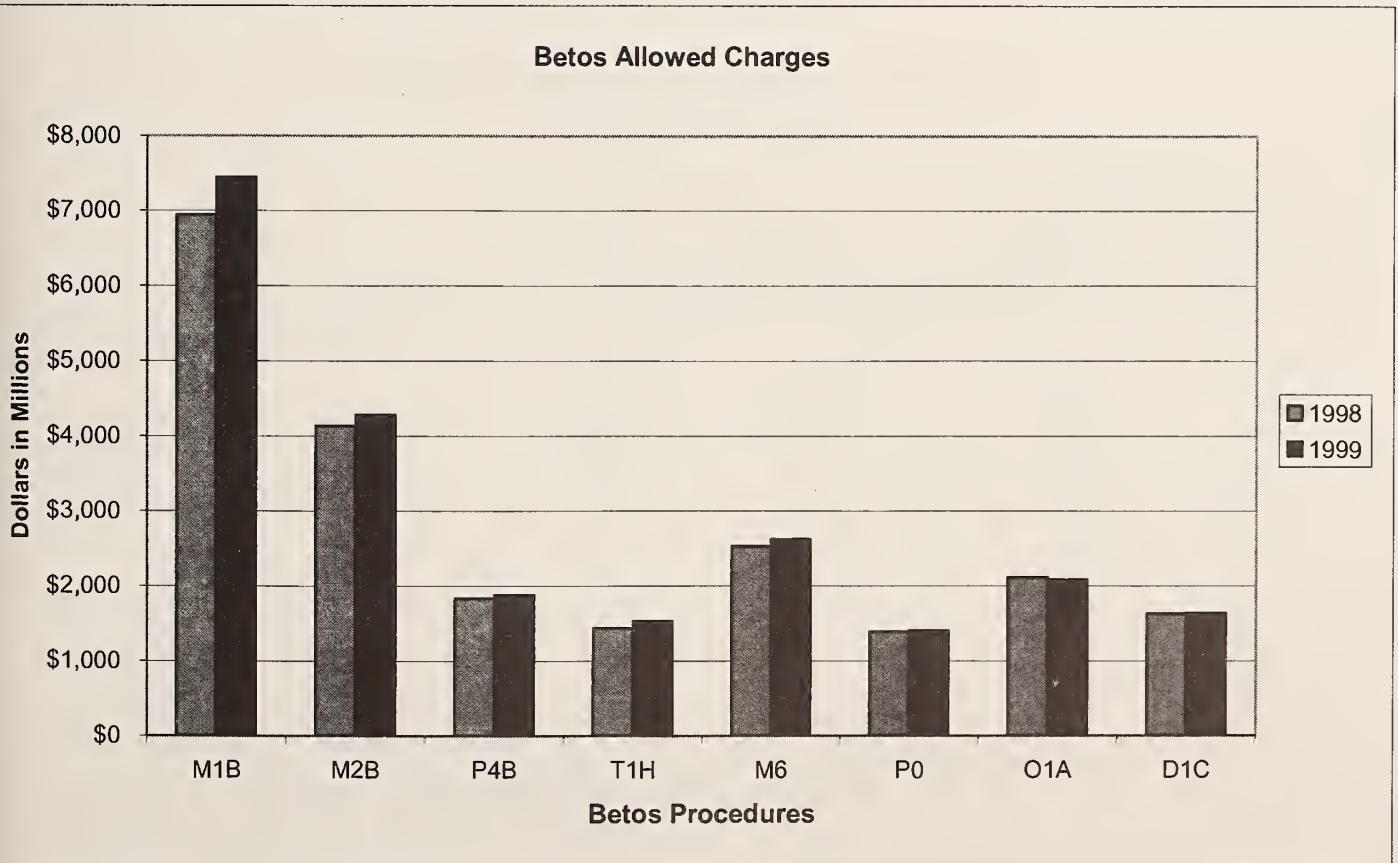
September 2001

**Leading Medicare Physician and Supplier BETOS
Procedures, Based on Allowed Charges
Calendar Years 1998 and 1999**

Betos Code	Description	Medicare Allowed Charges	
		1998	1999
M1B	Office Visits - Established	\$6,942,464,219	\$7,440,581,498
M2B	Hospital Visit - Subsequent	4,131,985,525	4,279,031,581
P4B	Eye Procedure - Cataract/Removal Lens Insertion	1,829,982,079	1,876,199,027
T1H	Lab Tests - Other (Non-Medicare Fee Schedule)	1,431,206,074	1,527,525,225
M6	Consultations	2,524,427,763	2,618,535,123
P0	Anesthesia	1,383,319,173	1,396,221,202
O1A	Ambulance	2,106,355,598	2,074,180,935
D1C	Oxygen and Supplies	1,622,677,290	1,632,139,433

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Centers for Medicare and Medicaid Services effort.

SOURCE: CMS/OIS

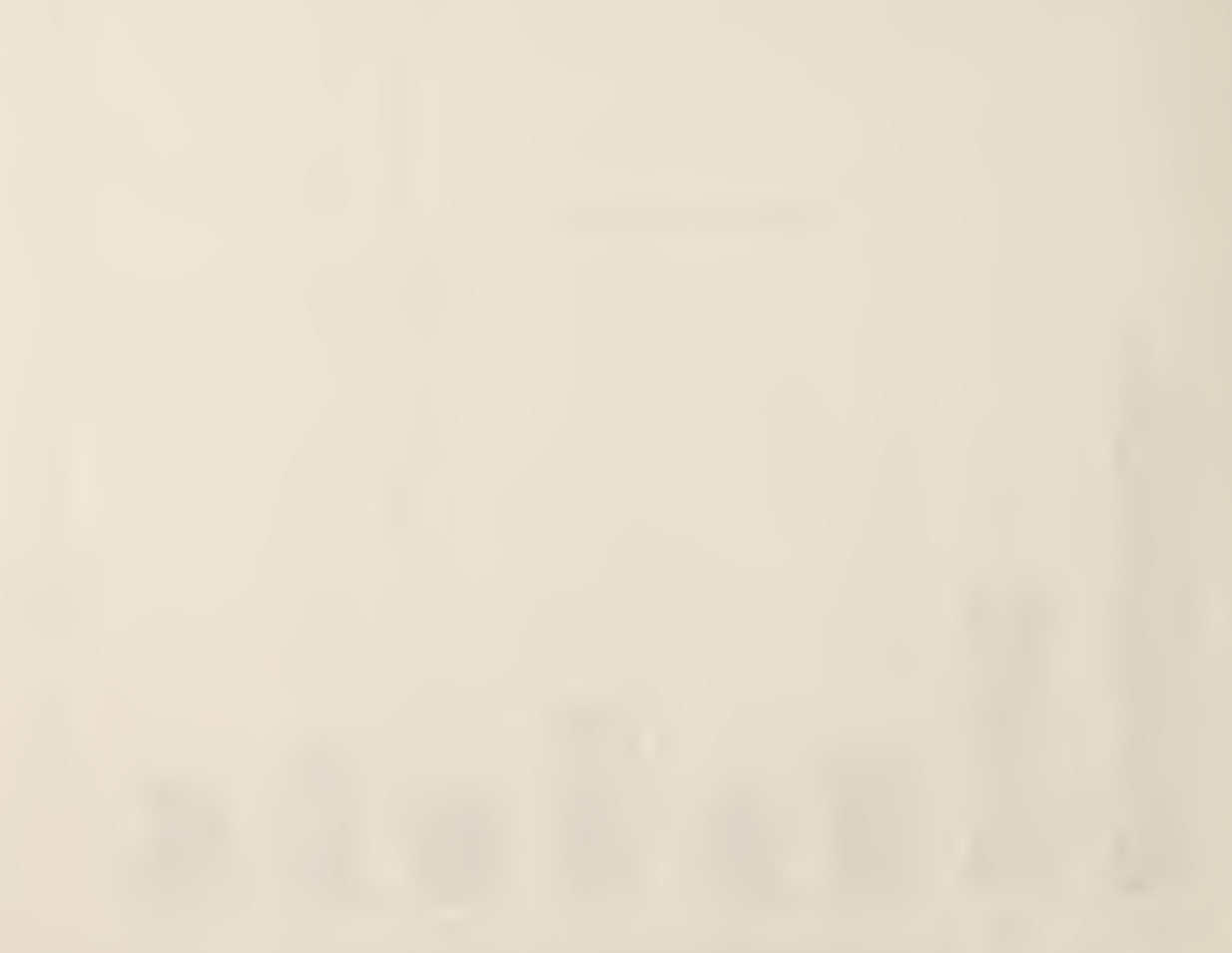


SOURCE: CMS/OIS

September 2001

1935

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Income	100	120	150	180	200	220	250	280	300	320	350	380
Expenses	80	90	100	110	120	130	140	150	160	170	180	190
Balance	20	30	50	70	80	90	110	130	140	150	170	190



Medicare Persons Served by Type of Coverage Selected Calendar Years

	1975	1980	1985	1995	1998	1999
Aged Persons Served per 1,000 Enrollees						
HI and/or SMI	528	638	722	826	918	921
HI	221	240	219	218	243	232
SMI	536	652	739	858	964	966
Disabled Persons Served per 1,000 Enrollees						
HI and/or SMI	450	594	669	759	821	830
HI	219	246	228	212	206	198
SMI	471	634	715	837	925	936

NOTES: Prior to 1998, utilization rates per 1,000 enrollees came from the Annual Person Summary and were not yet modified to exclude persons enrolled in managed care. Beginning in 1998, utilization counts are based on a five-percent sample of beneficiaries and the rates are adjusted to exclude managed care enrollees.

SOURCES: CMS/OIS/OSP

Medicare Persons Served by Type of Service Calendar Year 1999

	Aged		Disabled	
	Persons Served in thousands ¹	Served per 1,000 Enrollees ²	Persons Served in thousands ¹	Served per 1,000 Enrollees ²
Hospital and/or Supplementary Medical Insurance	25,274	921	3,937	830
Hospital Insurance	6,282	232	937	198
Inpatient Hospital	5,930	219	937	193
Skilled Nursing Facility	1,374	51	74	16
Home Health Agency	1,417	52	126	27
Hospice	450	17	24	5
Supplementary Medical Insurance	25,048	966	3,898	936
Physician/Other Supplier	24,615	950	3,764	904
Outpatient	17,844	688	2,828	655
Home Health Agency	1,221	47	127	31

¹ Medicare enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in CMS Central Office.

² Rates exclude members of prepaid health care plans.

SOURCE: CMS/OSP

September 2001

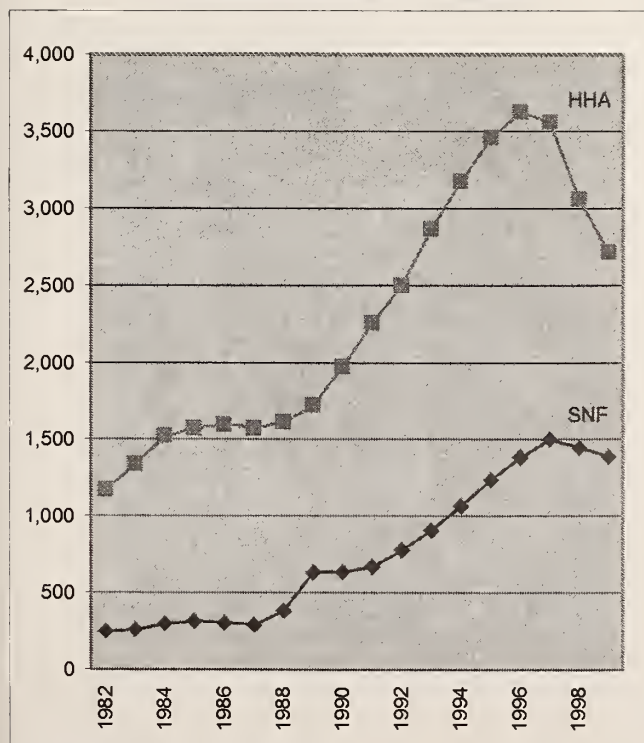


Medicare Use of Selected Types of Long-Term Care **Calendar Years 1982 - 1999**

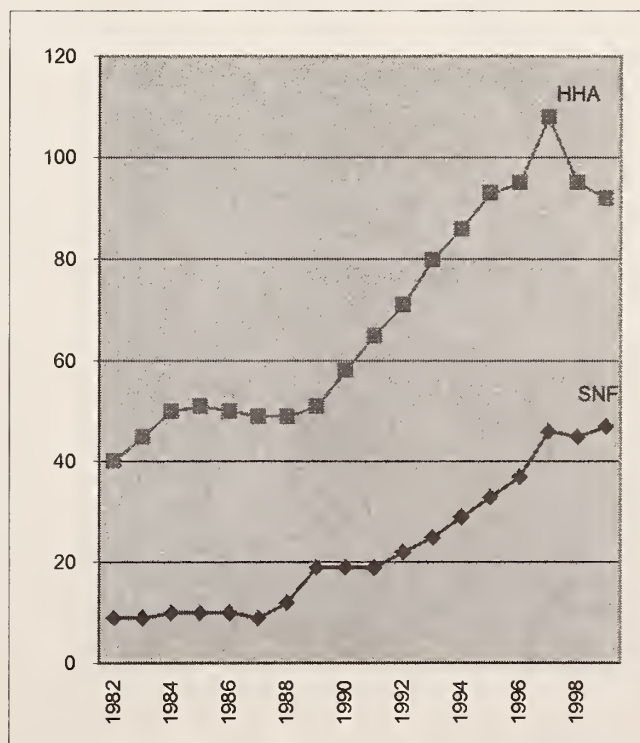
Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49
1989	636	19	1,721	51
1990	638	19	1,978	58
1991	670	19	2,255	65
1992	779	22	2,504	71
1993	908	25	2,867	80
1994	1,068	29	3,176	86
1995	1,240	33	3,457	93
1996	1,384	37	3,627	95
1997	1,503	46 ¹	3,505	106 ¹
1998	1,447	45 ¹	3,062	95 ¹
1999	1,390	47 ¹	2,720	92 ¹

¹ Excludes managed care enrollees in rate.

Persons Served in Thousands



Rates Per 1,000 Enrollees



SOURCES: CMS/OIS/OSP

September 2001



**End Stage Renal Disease Care Provided by
Medicare Approved Facilities
Selected Calendar Years**

	1990	1997	1998	1999
Dialysis Patients	129,800	230,190	245,710	259,493
Outpatient	107,160	198,968	216,310	231,032
Home	22,640	31,222	29,400	28,461
Dialysis Patient Eligibility Status				
Medicare	113,127	196,368	207,218	216,232
Medicare Application Pending	9,582	13,042	14,512	16,279
Non-Medicare	7,091	20,780	23,980	26,982
Transplant Patients	9,779	12,427	13,272	13,478
Transplant Patient Eligibility Status				
Medicare	8,340	9,876	10,241	9,900
Medicare Application Pending	633	850	1,105	1,183
Non-Medicare	806	1,631	1,918	2,395
Transplant Procedures	9,796	12,427	13,272	13,478
Living Related Donor	2,001	3,210	3,453	3,583
Living Unrelated Donor	90	705	1,067	1,061
Cadaveric Donor	7,705	8,512	8,752	8,839
Medicare Approved ESRD Facilities	2,072	3,423	3,586	3,917
Dialysis (Hospital and Non-Hospital)	1,799	3,133	3,307	3,637
Transplant and Dialysis	169	160	148	145
Transplant Only	53	84	87	92
Inpatient Care Only	51	46	44	43
Average Dialysis Payment Rate	\$127	\$127	\$127	\$129
Hospital Based	129	129	129	131
Independents	125	125	125	127

SOURCE: CMS/OCSQ

September 2001

Home Health Agency - Medicare National Summary

Calendar Year	Total Claims	Total Reimbursement	Total Visits	Average Reimbursement Per Patient	Average Visit Per Patient
1997	18,625,911	\$16,723,013,079	257,751,114	\$4,705	73
1998	12,229,153	\$10,446,204,875	154,992,259	\$3,412	51
1999	9,740,299	\$7,908,326,030	112,747,716	\$2,914	42

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

Hospice - Medicare National State Summary

Calendar Year	Total Patients	Total Reimbursement	Total Covered Days	Average Reimbursement Per Patient	Average Days Per Patient
1997	382,989	\$2,057,089,168	19,102,900	\$5,371	50
1998	420,824	\$2,206,671,929	20,211,128	\$5,244	48
1999	474,270	\$2,525,402,040	22,746,562	\$5,325	48

NOTE: Data include Puerto Rico.

Skilled Nursing Facilities Non Swing Bed - Medicare National Summary

Calendar Year	Total Discharges	Total Reimbursement	Total Covered Days	Average Reimbursement Per Discharge	Average Days Per Discharge
1997	1,581,734	\$11,049,835,299	47,295,120	\$6,986	30
1998	1,587,931	\$11,312,643,901	45,240,400	\$7,124	29
1999	1,449,536	\$9,471,398,469	42,534,503	\$6,534	29

NOTE: Data include Puerto Rico, Virgin Islands, and unknown. Data does not include swing bed units.

Outpatient - Medicare National Summary

Calendar Year	Total Patients	Total Charges	Total Payments	Average Charge Per Patient	Average Payment Per Patient
1997	20,800,884	\$53,150,295,114	\$17,260,342,976	\$2,555	\$830
1998	20,453,026	\$54,845,037,206	\$16,865,568,630	\$2,684	\$825
1999	20,572,387	\$56,480,389,232	\$16,297,320,577	\$2,745	\$792

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

SOURCES: CMS/OIS/HCIS

September 2001

**Medicaid Recipients by Type of Service
Fiscal Years 1996 - 1998**

	1996	1997	1998
	in thousands		
Total	36,118	33,579	40,649
Inpatient Services			
General Hospitals	5,361	4,746	4,273
Mental Hospitals	93	87	135
Nursing Facilities Services ¹	1,594	1,603	1,646
ICF Services			
Mentally Retarded	140	136	126
Physician Services	22,861	21,170	18,555
Dental Services	6,208	5,935	4,965
Other Practitioner Services	5,343	5,141	4,342
Outpatient Hospital Services	15,905	13,632	12,158
Clinic Services	5,070	4,713	5,285
Laboratory & Radiological	12,607	11,074	9,381
Home Health Services	1,727	1,861	1,225
Personal Care Support Services	na	na	3,108
Prescribed Drugs	22,585	20,954	19,338
Family Planning Services	2,366	2,091	2,011
Early and Periodic Screening	6,589	6,450	6,175
Rural Health Clinics	1,407	1,446	na
Home & Community Based Waiver Services	na	na	467
Prepaid Health Care	na	na	20,203
PCCM Services	na	na	4,066
Other Care	13,108	12,389	6,975

¹ Nursing facilities services recipients include individuals other than the mentally retarded receiving "all other" intermediate care facility services.

SOURCE: CMS/CMSO

**Medicaid Units of Service ¹
Fiscal Years 1997 and 1998**

	1997	1998
	Units in thousands	
General Hospital		
Total Discharges	4,409	3,971
Recipients Discharged	3,135	2,793
Total Days of Care	21,532	19,091
Nursing Facility Services ¹		
Total Recipients	1,603	1,555
Total Days of Care	388,985	384,549
Intermediate Care Facility for the Mentally Retarded		
Total Recipients	136	124
Total Days of Care	62,423	50,636

¹ Nursing facilities include skilled nursing facility and intermediate care facility services for all providers for other than the mentally retarded.

NOTE: Data not available for home health visits, rural health clinic visits, physician visits, and drug prescriptions.

SOURCE: CMS/CMSO

September 2001

National Community Hospital Utilization 1973 - 1999

Year	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expenses per Inpatient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991	31.1	223	7.2	322	752
1992	31.0	221	7.1	349	820
1993	30.7	216	7.0	367	881
1994	30.7	207	6.7	383	931
1995	30.9	200	6.5	414	968
1996	31.1	194	6.2	440	1,006
1997	31.6	193	6.1	450	1,033
1998	31.8	191	6.0	474	1,067
1999	32.4	192	5.9	495	1,103

SOURCE: American Hospital Association

September 2001

VI. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section VII).

HIGHLIGHTS

- o *From 1980 to 2001, the number of inpatient hospital facilities decreased 11.0 percent from 6,777 to 6,031. Beds per 1,000 enrollees dropped from 46.7 in 1980 to 25.4 in 2001. During this same period, the number of psychiatric hospitals increased from 408 to 519, but their beds per 1,000 enrollees dropped from 5.3 to 1.8.*
- o *Skilled nursing facilities have nearly tripled from 5,052 in 1980 to 14,841 in 2001. Home health agencies have more than doubled from 2,924 in 1980 to 7,099 in 2001.*
- o *The number of ambulatory surgical centers increased over ninefold from 336 in 1985 to 3,147 in 2001. During this same period the number of hospices increased from 164 to 2,267.*
- o *By December 2000, 168,333 facilities had registered under the Clinical Lab Improvement Act which became effective 10/1/92.*
- o *End-Stage Renal Disease facilities nearly quadrupled from 999 in 1980 to 3,991 in 2001.*
- o *The percent of Medicare assigned claims (51.9 percent in 1975) continues to increase, from 97.5 percent in 1999 to 97.8 percent in 2000.*
- o *As of January 2000, enrollment in the Medicare participating physician program was 88.3 percent. By January 2001, the enrollment was 88.7 percent.*
- o *As of March 1985, Medicare had 154 HMO/CMP plans with 1.1 million enrollees. By May 2001, there were 249 Managed Care plans with 6.2 million enrollees.*

Medicare Hospital Status 2001

Total Hospitals	6,940
Hospitals under Inpatient PPS	5,326
Hospitals Receiving Special Consideration:	1,340
Regional Referral Centers ¹	213
Sole Community Hospitals	717
Sole Community/Regional Referral Center	77
Medicare Dependent Hospitals	333
Non-PPS Hospitals	1,614
Categorically Exempt:	1,488
Psychiatric	507
Rehabilitation	210
Christian Science	15
Childrens	77
Other Long Term	260
Critical Access	419
Alcohol/Drug	0
Short-Stay Hospitals in Waiver State (Maryland)	68
Short-Stay Indian Health Service Hospitals	48
Cancer Hospitals	10
Total Excluded Units	2,372
Psychiatric	1,446
Rehabilitation	926

¹ Total number of hospitals subject to PPS regardless of actual submitted inpatient hospital claims during the fiscal year.

NOTE: Data as of July.

SOURCES: CMS/CMM/CMSO/OCSQ/OIS

September 2001

Medicare Inpatient Hospitals Selected Years

	1980	1985	1990	2000	2001
Total Hospitals	6,777	6,707	6,520	5,985	6,031
Beds in thousands	1,150	1,144	1,105	991	983
Beds per 1,000 Enrollees ¹	46.7	42.5	37.0	25.6	25.4
Short-Stay	6,104	6,034	5,549	4,900	4,704
Beds in thousands	991	1,027	970	873	863
Beds per 1,000 Enrollees ¹	40.2	38.2	32.5	22.5	22.3
Psychiatric	408	474	674	562	519
Beds in thousands	131	95	99	72	69
Beds per 1,000 Enrollees ¹	5.3	3.5	3.3	1.9	1.8
Other Long-Stay	265	199	297	532	808
Beds in thousands	28	22	35	46	51
Beds per 1,000 Enrollees ¹	1.1	0.8	1.2	1.2	1.3

¹ Based on number of aged HI enrollees.

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2001 are as of December 2000. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: CMS/OSP/OIS

Other Medicare Providers and Suppliers Selected Years

	1980	1985	1990	2000	2001
Skilled Nursing Facilities	5,052	6,451	8,937	14,913	14,841
Beds in thousands	436	NA	509	837	939
Home Health Agencies	2,924	5,679	5,730	7,857	7,099
Clinical Lab Improvement Act Facilities	NA	NA	NA	171,018	168,333
End Stage Renal Disease Facilities	999	1,393	1,937	3,787	3,991
Outpatient Physical Therapy	419	854	1,195	2,867	2,874
Portable X-Ray	216	308	443	666	675
Rural Health Clinics	391	428	551	3,453	3,334
Comprehensive Outpatient Rehabilitation Facilities	NA	72	186	522	518
Ambulatory Surgical Centers	NA	336	1,197	2,894	3,147
Hospices	NA	164	825	2,326	2,267

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2001 are as of December 2000. NA indicates data are not available.

SOURCES: CMS/OSP/OIS

September 2001

Selected Medicare Facilities by Type of Control 2001

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	4,704	14,841	7,099
Percent Distribution			
Voluntary	59.9	28.3	36.0
Proprietary	13.8	66.4	48.1
Government	26.3	5.3	15.9

NOTES: Data as of December 2000. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: CMS/OSP/OIS

Medicare PIP Facilities Selected Years

	1975	1980	1985	1990	1998	1999	2000
Hospitals							
Number of PIP	1,524	2,276	3,242	1,352	1,024	915	869
Percent of Total Participating	22.5	33.8	48.3	20.6	16.7	15.3	14.4
Skilled Nursing Facilities							
Number of PIP	161	203	224	774	1,396	1,387	1,236
Percent of Total Participating	4.1	3.9	3.4	7.3	9.3	9.3	8.3
Home Health Agencies							
Number of PIP	86	481	931	1,211	1,284	1,122	1,038
Percent of Total Participating	3.8	16.0	16.0	21.0	13.8	14.3	14.4

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCE: CMS/OFM

September 2001

Medicare Participating Physician Program

Participation Status	Number of Physicians ¹	Participation Status			
		January 2001	January 2000	January 1999	January 1998
Participating	773,147	88.7%	88.3%	84.6%	82.8%
Billing Medicare	871,694				

¹ Includes M.D.s, D.O.s, limited license practitioners, and non-physician practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). CMS wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: CMS/OFM

Medicare Assigned Claims Selected Fiscal Years

Fiscal Year	Net Assignment Rate ¹
1975	51.9
1980	51.4
1985	67.7
1990	80.9
1991	82.5
1992	85.4
1993	89.2
1994	92.1
1995	94.2
1996	95.6
1997	96.5
1998	97.2
1999	97.5
2000	97.8

¹ The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: CMS/OFM

September 2001

Participation Rates as Percentage of Physicians, by Specialty Selected Periods

	Apr. 1990	Jan. 1990	Jan. 1995	Jan. 1996	Jan. 1997	Jan. 1998	Jan. 1999	Jan. 2000	Jan. 2001
	Dec. 1990	Dec. 1995	Dec. 1996	Dec. 1997	Dec. 1998	Dec. 1999	Dec. 2000	Dec. 2000	Dec. 2001
Percent of Physicians Participating									
Physicians (M.D.s and D.O.s):									
General practice	39.7	59.9	66.3	69.2	71.1	73.7	80.2	79.0	
General surgery	55.8	80.2	85.8	87.8	89.3	90.4	93.3	92.5	
Otology, laryngology, rhinology	45.2	77.1	82.6	85.8	87.7	88.7	91.8	91.3	
Anesthesiology	30.8	73.9	81.0	83.5	85.9	88.9	93.7	92.3	
Cardiovascular disease	60.6	84.9	88.3	90.2	91.5	92.9	95.8	94.4	
Dermatology	53.4	79.3	83.6	85.4	87.2	88.0	90.8	90.1	
Family practice	47.2	74.5	81.4	84.0	85.9	86.9	90.8	90.3	
Internal medicine	48.8	73.8	79.8	82.2	84.8	86.8	90.7	88.7	
Neurology	53.1	78.9	84.1	85.8	87.1	88.4	92.1	89.9	
Obstetrics-gynecology	48.8	72.5	77.3	79.5	81.3	82.9	86.8	86.3	
Ophthalmology	55.6	81.2	86.2	87.9	89.8	90.9	93.3	92.8	
Orthopedic surgery	53.7	82.6	86.8	88.7	90.4	90.6	93.8	93.1	
Pathology	53.4	78.9	83.1	85.0	86.6	89.8	93.6	92.2	
Psychiatry	41.6	58.7	64.6	67.6	70.4	73.9	79.1	79.6	
Radiology	55.6	82.8	84.9	87.0	88.3	91.6	95.3	91.9	
Urology	49.6	83.0	87.3	89.3	90.6	91.5	94.6	93.8	
Nephrology	66.5	87.0	90.0	90.6	91.3	93.0	95.1	93.6	
Clinic or other group practice - not GPPP	68.7	79.4	84.5	87.8	90.1	89.2	91.6	92.7	
Limited license practitioners (LLP):									
Chiropractor	26.2	42.6	47.3	51.0	54.3	56.3	59.4	63.0	
Podiatry-surgical chiropody	54.0	79.2	83.3	86.0	87.9	88.4	90.7	91.6	
Optometrist	54.0	66.9	70.3	72.2	74.7	76.0	78.4	80.0	

NOTE: Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

SOURCE: CMS/OFM

September 2001

Medicare Benefit and Premium Summary **M+C Coordinated Care Plans**

Percent of Plans Offering Specific Benefits	Year 2001 Additional or Mandatory	Year 2001 Optional Benefits
Vision-Exams	90.3%	0.0%
Hearing-Exam	75.2	0.0
Prescription Drugs	70.4	1.3
Eyewear	68.6	0.4
Hearing-aids	42.4	0.4
Chiropractic	15.6	1.6
Podiatry	41.7	0.9
Preventive Dental	33.0	7.0
Comprehensive Dental	16.9	7.0
POS	5.7	0.9

Median PCP Copay = \$10.00 for 2001

Median Generic Drug Copays = \$8.00 in 2001

Median Brand Name Drug Copays = \$20.00 in 2001

Premium Distribution (Percent of Plans)

Year 2001

Range

\$0.00	33.9%
\$0.01 - \$20.00	7.2
\$20.01 - \$40.00	16.9
\$40.01 - \$60.00	17.1
\$60.01 - \$80.00	10.8
\$80.01 - \$100.00	8.3
More than \$100.00	5.9

Median Plan Premium 2001 = \$35.00

SOURCE: CMS/CBC

September 2001

Medicare Contracts with Prepaid Organizations

Type of Contract	Number of Contracts	Number of Enrollees	Payment FY 2001 to date in Millions
Total Prepaid Organizations	249	6,185,684	\$25,806.7
Medicare + Choice Programs	178	5,628,639	24,455.4
TEFRA Cost (Cost 1, Cost 2, Cost C)	31	299,278	483.1
Demonstrations	25	148,373	761.1
HCPPs Part B (Health Care Prepayment Plans)	15	109,394	107.1

NOTES: The Balanced Budget Act of 1997 changed the requirements regarding effective dates of coverage. As a result, the numbers do not include beneficiaries who changed enrollment status in the latter part of each month. Therefore, the total number of enrollees is understated. This understatement will continue for all future months until the report modifications have been completed. As of May 1, 2001.

SOURCE: CMS/CBC

September 2001

Medicare Summary of Monthly Risk Contracts

Date	Number of Contracts	Total Enrollees	Monthly Payment in millions
1998			
January	330	5,328,308	\$2,622
February	336	5,406,671	2,625
March	334	5,482,371	2,715
April	336	5,572,473	2,729
May	345	5,643,621	2,761
June	346	5,710,550	2,809
July	345	5,800,472	2,897
August	347	5,865,980	2,888
September	347	5,921,166	2,944
October	347	5,976,756	2,965
November	347	6,017,360	2,998
December	346	6,055,546	3,003
1999			
January	383	6,553,306	2,956
February	386	6,671,340	3,106
March	401	6,726,091	3,107
April	398	6,764,232	3,123
May	400	6,819,700	3,147
June	402	6,863,049	3,167
July	395	6,913,826	3,148
August	400	6,960,699	3,246
September	400	6,987,204	3,235
October	400	7,012,118	3,287
November	399	7,029,203	3,290
December	398	7,020,196	3,262
2000			
January	348	6,831,637	3,307
February	346	6,848,119	3,292
March	346	6,853,392	3,276
April	345	6,865,504	3,328
May	343	6,856,197	3,307
June	343	6,866,435	3,292
July	345	6,872,270	3,395
August	343	6,873,845	3,339
September	344	6,868,985	3,365
October	343	6,860,037	3,327
November	343	6,847,912	3,351
December	343	6,826,877	3,334

SOURCE: CMS/CBC

September 2001

Medicare Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
HCPP Contracts				
Model				
Group	10	67	74,962	69
Union	2	13	20,660	19
Employer Group	1	7	4,129	4
IPA	1	7	1,764	2
Other	1	6	7,879	6
Ownership				
Profit	1	7	1,764	2
Nonprofit	13	93	99,751	98
Cost Contracts ¹				
Model				
IPA	12	39	194,491	65
Group	16	52	99,313	33
Staff	3	9	5,474	2
Ownership				
Profit	7	23	44,731	15
Nonprofit	24	77	254,547	85
CCP Contracts ¹				
Model				
IPA	102	59	3,567,344	64
Group	60	35	1,469,946	26
Staff	11	6	517,987	10
Ownership				
Profit	110	63	3,432,118	61
NonProfit	66	37	2,166,149	39

¹ Does not include cost enrollees remaining in risk plans.

NOTES: Data as of May 2001. IPA is the Individual Practice Association.

SOURCE: CMS/CBC

September 2001

Active Physicians

Year	Total	Type of Physician		Active Physicians per 10,000 Population
		Doctors of Medicine	Doctors of Osteopathy	
1970	323,525	310,929	12,596	15.7
1971	334,978	322,228	12,750	16.1
1972	346,179	333,259	12,920	16.5
1973	NA	NA	13,191	NA
1974	364,232	350,609	13,623	17.0
1975	380,402	366,425	13,977	17.6
1976	393,151	378,572	14,579	18.0
1977	397,113	381,969	15,144	18.0
1978	417,314	401,364	15,950	18.7
1979	434,095	417,266	16,829	19.2
1980	435,165	435,545	17,620	19.8
1981	463,330	444,899	18,431	20.1
1982	482,195	462,947	19,248	20.7
1983	499,679	479,440	20,239	21.3
1984	NA	NA	21,295	NA
1985	533,573	511,090	22,483	22.3
1986	543,247	519,393	23,854	22.5
1987	559,777	534,692	25,085	23.0
1988	575,626	549,160	26,466	23.4
1989	587,751	559,988	27,763	23.7
1990	601,612	572,660	28,952	24.0
1991	624,797	594,697	30,100	24.6
1992	636,891	605,685	31,206	24.8
1993	652,240	619,751	32,489	24.9
1994	666,200	632,121	34,079	25.2
1995	681,742	646,022	35,720	25.5
1996	701,249	663,943	37,306	26.0
1997	723,537	684,605	38,932	27.0
1998	747,784	707,032	40,752	27.5
1999	763,519	720,855	42,664	27.9

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown.

SOURCES: Compiled by HRSA, Bureau of Health Professions, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine and the Bureau of the Census

September 2001

**Active Federal and Non-Federal
Physicians
By CMS Region
2000**

CMS Region	Total	Type of Physician		Active Physicians per 100,000 Population ¹
		Doctors of Medicine	Doctors of Osteopathy	
Total	763,520	720,856	42,664	268
Boston	51,403	49,616	1,427	367
New York	102,641	97,526	5,115	375
Philadelphia	90,159	83,717	6,442	324
Atlanta	123,280	118,335	4,945	232
Chicago	129,836	118,675	11,161	259
Dallas	72,806	68,426	4,380	219
Kansas City	30,629	27,392	3,237	237
Denver	21,179	20,133	1,046	227
San Francisco	104,382	100,728	3,654	247
Seattle	26,193	25,062	1,131	233
U.S. Possessions ²	10,294	10,286	8	NA
Foreign and Unknown ³	163	--	163	NA

¹ Rate for Total (All Areas) based on U.S. Resident population as of July 1, 2000.

² Possessions include Puerto Rico, Virgin Islands, and Pacific Islands.

³ Includes osteopathic physicians in military service, U.S. Public Health Service and foreign countries.

SOURCES: HRSA, Bureau of Health Professions, based on data from the American Medical Association, American Association of Colleges of Osteopathy, and the Bureau of the Census

September 2001

	April 2000		January 2001	
	Number	Percent	Number	Percent
Active in Patient Care	854,224	100.0	865,479	100.0
Medical Specialties	167,652	19.4	171,894	19.9
Surgical Specialties	158,544	18.3	153,036	17.7
Other Specialties	86,417	10.0	88,613	10.2
Family and General Practice	100,928	11.7	101,449	11.7
Emergency Medicine	24,960	2.9	26,341	3.0
Pediatrics	28,104	3.2	26,079	3.0
Non-physician specialties	287,619	33.2	297,967	34.4

NOTES: Includes physicians, doctors of osteopathy, and limited licensed practitioners. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OIS/OSP

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	Mean Net Income ¹	Mean Total Expenses	Expenses							
			Total	Non- Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other	
		in thousands					Percent Distribution			
All Physicians	\$194.4	\$261.9	100.0	35.9	24.0	9.4	6.4	4.3	20.0	
Specialty										
General/Family Practice	142.5	263.0	100.0	41.7	22.9	11.0	4.1	3.9	16.4	
Internal Medicine	182.1	259.7	100.0	38.1	22.9	12.2	6.4	4.0	16.5	
Surgery	268.2	325.8	100.0	37.4	35.3	11.0	7.0	4.3	16.4	
Pediatrics	139.6	187.3	100.0	32.3	28.8	13.9	5.5	2.3	17.2	
Obstetrics/Gynecology	214.4	375.9	100.0	35.6	32.9	6.5	9.5	4.3	15.5	
After expenses, before taxes.										

After expenses, before taxes.

NOTES: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, *Socioeconomic Characteristics of Medical Practice*, 2000.

September 2001

Physician Income and Expenses 1986 - 1998

Year	Mean Net Income ¹	Mean Total Expenses	Expenses						Percent Distribution	Other	
			Total	Non-Physician Payroll	Office	Medical Supplier	Professional Liability Expenses	Medical Equipment			
in thousands											
1986	\$119.5	\$118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.3		
1987	132.3	123.7	100.0	34.4	24.3	10.9	12.1	5.3	13.1		
1988	144.7	140.8	100.0	34.4	24.1	10.3	11.3	4.9	15.0		
1989	155.8	148.4	100.0	35.5	22.4	11.5	10.4	5.1	15.0		
1990	164.3	150.0	100.0	36.3	22.5	11.0	9.7	5.1	15.5		
1991	170.6	168.4	100.0	36.4	23.3	10.9	8.8	5.3	15.3		
1992	177.4	179.0	100.0	36.9	23.7	9.0	7.5	4.1	18.7		
1993	189.3	182.2	100.0	38.3	23.5	9.1	7.9	4.8	16.3		
1994	182.4	183.1	100.0	38.9	26.0	10.5	8.2	4.6	11.7		
1995	195.5	201.6	100.0	36.0	28.3	10.1	7.4	5.1	13.0		
1996	199.0	217.6	100.0	34.8	23.8	9.3	6.5	3.9	21.8		
1997	199.6	228.6	100.0	36.8	25.9	9.5	6.2	3.3	18.3		
1998	194.4	261.9	100.0	35.9	24.0	9.4	6.4	4.3	20.0		

¹ After expenses, before taxes.

NOTES: The data for categories "Mean Net Income" and "Mean Total Expenses" are in thousands. Totals do not necessarily equal the sum of rounded components.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 2000.

September 2001

Medicare Physician Registry by Specialty

Specialty ¹	April 1991		January 2000		January 2001	
	Number	Percent	Number	Percent	Number	Percent
General Practice	53,658	9.2	30,590	3.5	29,118	3.4
General Surgery	28,524	4.9	26,945	3.1	27,062	3.1
Allergy/Immunology	2,461	0.4	3,119	0.4	3,160	0.4
Otolaryngology (ENT)	7,419	1.3	9,038	1.0	9,193	1.1
Anesthesiology	23,783	4.1	33,602	3.9	33,982	3.9
Cardiology	13,497	2.3	18,548	2.1	19,076	2.2
Dermatology	6,727	1.2	8,833	1.0	9,072	1.0
Family Practice	47,140	8.1	70,338	8.1	72,331	8.4
Gastroenterology	4,886	0.8	8,290	1.0	8,538	1.0
Internal Medicine	78,711	13.5	93,774	10.8	95,791	11.1
Osteopathic Manipulative Therapy	1,082	0.2	833	0.1	848	0.1
Neurology	7,542	1.3	10,745	1.2	10,960	1.3
Neurosurgery	3,500	0.6	4,320	0.5	4,413	0.5
Obstetrics-Gynecology	29,230	5.0	34,980	4.0	35,231	4.1
Ophthalmology	15,219	2.6	18,013	2.1	18,285	2.1
Oral Surgery/Dentists only	34,237	5.9	19,553	2.3	13,319	1.5
Orthopedic Surgery	16,852	2.9	21,397	2.5	21,758	2.5
Pathology	10,072	1.7	13,062	1.5	13,190	1.5
Plastic/reconstructive Surgery	3,960	0.7	5,175	0.6	5,211	0.6
Physical Med and Rehab	3,278	0.6	5,731	0.7	5,918	0.7
Psychiatry	30,505	5.2	35,841	4.1	35,433	4.1
Colorectal Surgery (proctology)	625	0.1	727	0.1	736	0.1
Pulmonary Disease	3,956	0.7	6,141	0.7	6,353	0.7
Radiology	23,269	4.0	28,045	3.2	28,749	3.3
Thoracic Surgery	3,876	0.7	3,024	0.3	3,006	0.3
Urology	8,491	1.5	9,600	1.1	9,748	1.1
Chiropractor	39,992	6.9	51,417	5.9	51,021	5.9
Nuclear Medicine	463	0.1	803	0.1	814	0.1
Pediatrics	21,965	3.8	28,104	3.2	26,079	3.0
Geriatrics	205	0.0	802	0.1	823	0.1
Nephrology	2,345	0.4	4,116	0.5	4,316	0.5
Hand Surgery	212	0.0	468	0.1	492	0.1
Optometry	22,829	3.9	29,534	3.4	29,462	3.4
Certified Nurse Midwife	--	--	2,150	0.2	2,212	0.3
CRNA, Anesthesia Assistant	--	--	22,805	2.6	23,760	2.7
Infectious Disease	353	0.1	2,561	0.3	2,639	0.3
Endocrinology ²	--	--	2,408	0.3	2,510	0.3
Podiatry	14,367	2.5	15,063	1.7	15,254	1.8

Medicare Physician Registry by Specialty continued

Specialty ¹	April 1991		January 2000		January 2001	
	Number	Percent	Number	Percent	Number	Percent
Ambulatory Surgical Center (formerly Misc)	897	0.2	91	0.0	82	0.0
Nurse Practitioner	--	--	19,763	2.3	26,086	3.0
Psychologist/billing independently	--	--	2,708	0.3	2,231	0.3
Audiologist/billing independently	--	--	3,231	0.4	3,160	0.4
Physical Therapist	--	--	10,925	1.3	14,204	1.6
Rheumatology ²	--	--	2,337	0.3	2,386	0.3
Occupational Therapist	--	--	1,244	0.1	1,766	0.2
Clinic multispec W/O GPP	16,050	2.8	255	0.0	233	0.0
Periph. Vascular Disease ²	220	0.0	202	0.0	204	0.0
Vascular Surgery ²	--	--	1,267	0.1	1,353	0.2
Cardiac Surgery ²	--	--	1,187	0.1	1,266	0.1
Addiction Medicine ²	--	--	128	0.0	123	0.0
Clinical Social Worker	--	--	40,722	4.7	39,927	4.6
Critical Care Intensivists ²	--	--	673	0.1	706	0.1
Hematology ²	--	--	432	0.0	457	0.1
Hematology/Oncology ²	--	--	4,000	0.5	4,138	0.5
Preventive Medicine ²	--	--	319	0.0	320	0.0
Maxillofacial Surgery ²	--	--	1,335	0.2	1,298	0.1
Neuropsychiatry ²	249	0.0	167	0.0	145	0.0
Certified Clinical Nurse	--	--	1,961	0.2	2,305	0.3
Medical Oncology ²	--	--	1,547	0.2	1,675	0.2
Surgical Oncology ²	--	--	286	0.0	292	0.0
Radiation Oncology ²	38	0.0	2,625	0.3	2,771	0.3
Emergency Medicine ²	--	--	24,960	2.9	26,341	3.0
Interventional Radiology ²	--	--	657	0.1	639	0.1
Physician Assistant	--	--	15,451	1.8	18,296	2.1
Gynecology Oncology ³	--	--	273	0.0	291	0.0
Clinical Psychology	--	--	34,495	4.0	32,582	3.8
Unknown Physician Specialty	535	0.1	384	0.0	239	0.0
Miscellaneous Specialties	--	--	109	0.0	103	0.0
Totals	583,229	100.0	854,224	100.0	865,479	100.0

¹ Most osteopath specialties have been combined with their appropriate specialty.

² Effective 4/92 except Hematology effective 6/92.

³ Effective 10/94.

NOTES: Totals do not necessarily equal the sum of rounded components. "--" equals not applicable.

SOURCES: CMS/OSP/OFM

September 2001

VII. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services. New in this section are several tables showing number of patients and reimbursement for hospice, home health and skilled nursing facility services.

HIGHLIGHTS

- o *Medicare enrollees comprise 13.8 percent of the United States' resident population. State enrollees range from a low of 6.7 percent of Alaska's resident population to a high of 18.7 percent of West Virginia's resident population.*
- o *Medicaid enrollees (as measured by person years) comprise 14.5 percent of the United States' resident population. State enrollees range from a low of 7.9 percent of Nevada's resident population to a high of 27.9 percent of both the District of Columbia's and Tennessee's resident populations.*
- o *Long-stay hospital beds per 1,000 resident population range from a low of 1.4 in Oregon to a high of 20.9 in Nebraska. This contrasts with the national average of 3.4.*
- o *The percentage of Medicare Part B participating physicians and other practitioners range from a high of 96.6 percent in Michigan to a low of 74.1 percent in Rhode Island.*
- o *Under fee-for-service, aged persons served per 1,000 enrollees (U.S.) range from a low of 797 in the District of Columbia to essentially all aged enrollees in Oregon and West Virginia. This contrasts with the national average of 921 persons served per 1,000 enrollees.*
- o *The average reimbursement per patient for Medicare home health agency services (U.S.) range from a high of \$5,598 in Louisiana to a low of \$1,477 in Iowa. This contrasts with the national average reimbursement per patient of \$2,914.*
- o *The average reimbursement per discharge for Medicare skilled nursing facility non-swing bed services (U.S.) range from a high of \$12,418 in New York to a low of \$3,898 in Montana. This contrasts with the national average of \$6,534 per discharge.*

Medicare Estimated Benefit Payments by State **Fiscal Year 2000**

Benefit Payments		Benefit Payments	
All Areas	\$214,867,632,778	Missouri	\$4,273,990,871
United States	213,555,126,520	Montana	574,604,919
		Nebraska	1,224,833,404
		Nevada	1,069,328,044
		New Hampshire	628,752,777
		New Jersey	6,766,868,340
Alaska	3,884,939,060	New Mexico	853,675,941
Arizona	188,624,044	New York	18,653,025,253
Arkansas	2,937,976,231	North Carolina	5,942,006,657
California	2,082,749,809	North Dakota	500,700,180
Colorado	23,620,610,542	Ohio	9,310,104,645
		Oklahoma	2,137,385,847
		Oregon	1,852,665,125
		Pennsylvania	13,256,553,960
		Rhode Island	1,075,101,330
Connecticut	2,337,864,957	South Carolina	2,946,661,184
Delaware	3,291,179,250	South Dakota	563,935,015
District of Columbia	429,519,966	Tennessee	4,906,775,721
Florida	784,390,711	Texas	14,537,817,250
		Utah	917,794,670
		Vermont	314,536,271
		Virginia	4,037,966,718
		Washington	2,842,834,283
Georgia	4,110,655,928	West Virginia	1,655,615,997
Hawaii	621,680,722	Wisconsin	3,497,823,831
Idaho	638,754,898	Wyoming	247,350,405
Illinois	7,308,734,402	Puerto Rico	1,223,663,232
Indiana	4,720,330,295	All Other Areas	64,323,091
Iowa	1,452,928,371		
Kansas	1,914,899,957		
Kentucky	3,153,190,792		
Louisiana	4,383,213,203		
Maine	793,162,952		
Maryland	3,998,320,142		
Massachusetts	5,465,762,999		
Michigan	6,269,417,011		
Minnesota	3,108,986,231		
Mississippi	2,247,917,430		

NOTES: Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 2000 to the DOT disbursements net of Managed Care payments.

SOURCES: CMS/OFM/OIS

September 2001

Medicaid Medical Assistance Payments **Fiscal Year 2000**

	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share ¹	Amount in thousands	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share ¹
TOTAL	\$196,617,386	\$111,791,192			
Alabama			Missouri	3,994,735	2,426,113
Alaska	2,704,806	1,884,058	Montana	450,228	335,359
American Samoa	503,994	339,126	Nebraska	1,055,079	644,512
Arizona	10,960	5,651	Nevada	598,189	301,471
Arkansas	2,225,045	1,535,495	New Hampshire	792,027	396,591
California	1,581,362	1,156,199			
	21,164,278	11,011,916	New Jersey	6,109,609	3,064,310
Colorado			New Mexico	1,226,572	910,223
Connecticut	1,944,315	973,585	New York	30,191,583	15,127,776
Delaware	3,151,669	1,577,866	North Carolina	5,464,863	3,421,052
District of Columbia	523,748	262,892	North Dakota	428,777	304,318
Florida	834,958	591,285			
	7,564,164	4,286,107	N. Mariana Islands	11,215	5,959
Georgia	4,321,247	2,592,500	Ohio	7,554,151	4,444,845
Guam	13,274	6,994	Oklahoma	1,676,208	1,205,654
Hawaii	642,350	327,856	Oregon	2,110,836	1,275,184
Idaho	585,831	412,532	Pennsylvania	10,387,923	5,593,071
Illinois	7,524,230	3,778,063			
Indiana	3,534,321	2,192,288	Puerto Rico	398,981	212,838
			Rhode Island	1,166,831	629,504
Iowa	1,651,264	1,044,138	South Carolina	2,720,980	1,913,722
Kansas	1,410,785	847,748	South Dakota	399,231	283,949
Kentucky	3,094,832	2,190,728	Tennessee	4,993,965	3,161,527
Louisiana	3,473,131	2,446,335			
Maine	1,194,667	793,168	Texas	10,650,570	6,556,379
			Utah	810,161	580,488
Maryland	3,170,221	1,610,382	Vermont	516,875	322,462
Massachusetts	6,396,706	3,213,264	Virginia	2,728,849	1,416,141
Michigan	6,774,253	3,741,355	Virgin Islands	10,658	5,517
Minnesota	3,322,283	1,717,383			
Mississippi	1,993,936	1,533,969	Washington	3,962,522	2,062,745
			West Virginia	1,379,499	1,031,890
			Wisconsin	3,294,788	1,943,270
			Wyoming	218,851	141,439

¹ Excludes CMS adjustments.

NOTES: Source Form HCFA-64 -- Line 11, Net Expenditures Reported. Administration not included. Includes Medicaid SCHIP expansions.
FY 2000 data is preliminary as of 03/2001.

SOURCE: CMS/CMSO

September 2001

Mean Medicaid Outlays per Recipient by State and Risk Class Fiscal Year 1998

	Age 65 and over	Blind and Disabled		Age 65 and over	Blind and Disabled
United States	\$3,459	\$5,820	Missouri	\$5,235	\$8,674
Alabama	1,858	2,327	Montana	2,796	5,029
Alaska	4,007	9,862	Nebraska	2,918	6,514
Arizona	5,228	6,650	Nevada	2,202	5,668
Arkansas	2,703	4,158	New Hampshire	7,838	18,132
California	2,518	5,011	New Jersey	4,893	7,614
Colorado	3,547	7,856	New Mexico	1,737	5,668
Connecticut	7,010	12,990	New York	9,117	11,902
Delaware	4,472	11,051	North Carolina	3,585	6,367
District of Columbia	3,419	8,754	North Dakota	3,130	8,616
Florida	2,743	4,926	Ohio	3,485	7,033
Georgia	1,732	3,713	Oklahoma	---	---
Hawaii	1,269	3,919	Oregon	2,071	2,089
Idaho	3,834	7,599	Pennsylvania	2,731	5,029
Illinois	3,716	6,489	Rhode Island	4,853	11,709
Indiana	3,239	6,783	South Carolina	2,669	4,835
Iowa	2,869	5,651	South Dakota	1,710	6,406
Kansas	4,229	7,139	Tennessee	781	2,228
Kentucky	2,605	4,354	Texas	2,805	4,160
Louisiana	2,526	3,382	Utah	2,269	4,879
Maine	3,900	7,921	Vermont	3,331	8,128
Maryland	3,883	8,538	Virginia	2,911	4,406
Massachusetts	2,563	7,711	Washington	2,184	3,781
Michigan	2,125	6,302	West Virginia	3,265	4,926
Minnesota	5,888	12,348	Wisconsin	2,917	4,979
Mississippi	1,548	2,876	Wyoming	1,662	3,944

NOTE: These data exclude institutionalized persons.

SOURCE: CMS/CMSO

September 2001

Medicare Enrollment by State

2000

	Enrollees	Enrollees
All Areas ¹	39,632,060	858,880
United States ²	38,782,220	136,920
Alabama	685,960	254,120
Alaska	41,960	246,280
Arizona	675,520	168,600
Arkansas	433,640	
California	3,922,000	
Colorado	470,340	
Connecticut	517,520	
Delaware	114,900	
District of Columbia	75,400	
Florida	2,827,120	
Georgia	928,040	
Hawaii	167,680	
Idaho	166,760	
Illinois	1,626,340	
Indiana	847,600	
Iowa	475,180	
Kansas	386,300	
Kentucky	618,360	
Louisiana	599,740	
Maine	216,300	
Maryland	645,820	
Massachusetts	961,100	
Michigan	1,402,040	
Minnesota	655,220	
Mississippi	418,840	
Missouri		89,060
Montana		896,440
Nebraska		735,600
Nevada		337,760
New Hampshire		775,700
New Jersey		65,860
New Mexico		534,280
New York		315,560
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Outlying Areas/Foreign		

¹ Includes enrollees with unknown State of residence and Foreign residence.

² Includes enrollees with unknown State of residence.

NOTE: Data based on Denominator Tables as of July.

SOURCE: CMS/OSP

September 2001

Medicare Enrollment as a Percent of Resident Population by State

2000

	Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population		Resident Population in thousands	Medicare Enrollees in thousands	Enrollees as Percent of Population
All Areas	NA	39,632 ¹	NA	Missouri	5,595	859	15.4
United States	281,422	38,782 ²	13.8	Montana	902	137	15.2
Alabama	4,447	686	15.4	Nebraska	1,711	254	14.8
Alaska	627	42	6.7	Nevada	1,998	246	12.3
Arizona	5,131	676	13.2	New Hampshire	1,236	169	13.7
Arkansas	2,673	434	16.2	New Jersey	8,414	1,212	14.4
California	33,872	3,922	11.6	New Mexico	1,819	234	12.9
Colorado	4,301	470	10.9	New York	18,976	2,695	14.2
Connecticut	3,406	518	15.2	North Carolina	8,049	1,131	14.1
Delaware	784	115	14.7	North Dakota	642	102	15.9
District of Columbia	572	75	13.1	Ohio	11,353	1,706	15.0
Florida	15,982	2,827	17.7	Oklahoma	3,451	507	14.7
Georgia	8,186	928	11.3	Oregon	3,421	496	14.5
Hawaii	1,212	168	13.9	Pennsylvania	12,281	2,091	17.0
Idaho	1,294	167	12.9	Rhode Island	1,048	170	16.2
Illinois	12,419	1,626	13.1	South Carolina	4,012	570	14.2
Indiana	6,080	848	13.9	South Dakota	755	118	15.6
Iowa	2,926	475	16.2	Tennessee	5,689	830	14.6
Kansas	2,688	386	14.4	Texas	20,852	2,268	10.9
Kentucky	4,042	618	15.3	Utah	2,233	209	9.4
Louisiana	4,469	600	13.4	Vermont	609	89	14.6
Maine	1,275	216	16.9	Virginia	7,079	896	12.7
Maryland	5,296	646	12.2	Washington	5,894	736	12.5
Massachusetts	6,349	961	15.1	West Virginia	1,808	338	18.7
Michigan	9,938	1,402	14.1	Wisconsin	5,364	776	14.5
Minnesota	4,919	655	13.3	Wyoming	494	66	13.4
Mississippi	2,845	419	14.7	Puerto Rico	NA	534	NA
				Outlying Areas/Foreign	NA	316	NA

¹ Denominator Tables. Includes the United States, its Territories and Possessions, and residents of foreign countries.

² Includes enrollees with unknown State of residence.

NOTES: Resident population is a provisional estimate. The 2000 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Medicare Denominator enrollment data as of July 1.

SOURCES: CMS/OSP and Bureau of the Census

September 2001

Medicare and Prepaid Enrollment Distribution by State 2001

	Medicare Enrollees in thousands ¹	M + C	TEFRA Cost	HCPP	Other Demos	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
Total	39,632	5,628,639	299,278	109,394	148,373	6,185,684	16
Alabama	686	52,755	0	0	0	52,755	8
Alaska	42	0	0	0	0	0	0
Arizona	676	239,780	0	0	452	240,232	36
Arkansas	434	17,347	0	0	0	17,347	4
California	3,922	1,470,501	31,323	855	50,744	1,553,423	40
Colorado	470	126,286	18,607	0	6,494	151,387	32
Connecticut	518	74,205	0	0	0	74,205	14
Delaware	115	928	0	0	0	928	1
Dist. of Columbia	75	0	0	0	1,141	1,141	2
Florida	2,827	675,067	4,667	1,764	2,265	683,763	24
Georgia	928	38,349	0	0	2,230	40,579	4
Hawaii	168	21,756	34,921	0	0	56,677	34
Idaho	167	5,330	7,775	0	0	13,105	8
Illinois	1,626	130,675	13,166	11,752	0	155,593	10
Indiana	848	3,723	16,417	0	0	20,140	2
Iowa	475	0	7,068	0	0	7,068	1
Kansas	386	5,205	0	0	0	5,205	1
Kentucky	618	14,550	0	0	0	14,550	2
Louisiana	600	72,513	0	0	0	72,513	12
Maine	216	0	0	0	0	0	0
Maryland	646	25,475	5,625	0	2,333	33,433	5
Massachusetts	961	220,407	0	0	3,964	224,371	23
Michigan	1,402	79,656	0	0	0	79,656	6
Minnesota	655	41,513	37,971	0	3,915	83,399	13
Mississippi	419	869	0	0	3,684	4,553	1
Missouri	859	159,194	0	1,867	0	161,061	19
Montana	137	0	0	0	0	0	0
Nebraska	254	10,089	0	0	0	10,089	4
Nevada	246	44,710	0	0	37,345	82,055	33
New Hampshire	169	1,025	0	0	0	1,025	1

Medicare and Prepaid Enrollment Distribution by State 2001 continued

	Medicare Enrollees in thousands ¹	M + C	Cost	HCPP	Other Demos	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
New Jersey	1,212	150,329	0	0	0	150,329	12
New Mexico	234	30,599	0	0	0	30,599	13
New York	2,695	415,599	43,160	6,883	8,317	473,959	18
North Carolina	1,131	45,834	0	0	0	45,834	4
North Dakota	102	0	683	0	0	683	1
Ohio	1,706	255,129	896	0	13,678	269,703	16
Oklahoma	507	48,273	0	0	0	48,273	10
Oregon	496	144,621	39,781	0	4,029	188,431	38
Pennsylvania	2,091	512,228	0	0	0	512,228	24
Puerto Rico	534	0	0	0	0	0	0
Rhode Island	170	58,111	0	0	0	58,111	34
South Carolina	570	0	0	0	0	0	0
South Dakota	118	835	0	0	0	835	1
Tennessee	830	37,113	0	0	0	37,113	4
Texas	2,268	213,267	25,659	7,879	15,686	262,491	12
Utah	209	0	0	18,245	0	18,245	9
Vermont	89	0	0	0	0	0	0
V.I./Guam/A.S./Foreign	316	0	0	0	0	0	0
Virginia	896	0	0	3,169	0	3,169	0
Washington	736	147,959	0	0	4,928	152,887	21
West Virginia	338	5,809	3,231	0	0	9,040	3
Wisconsin	776	31,025	8,328	0	846	40,199	5
Wyoming	66	0	0	0	0	0	0
United Mine Workers ²	--	--	--	56,980	--	56,980	--

¹ Denominator Enrollment as of July 2000. ² United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).

NOTES: Totals do not necessarily equal the sum of rounded components. Data as of May 2001. Enrollment by type of plan within State reflects the location of the plan, not necessarily the State of the residence of the beneficiary.

SOURCES: CMS/CBC/OSP

September 2001

Medicaid Beneficiaries by State Fiscal Year 1999

	Resident Population in thousands	Medicaid Beneficiaries in thousands	Beneficiaries as Percent of Population	Resident Population in thousands	Medicaid Beneficiaries in thousands	Beneficiaries as Percent of Population
All Reporting Medicaid Jurisdictions	NA	41,841	NA	5,468	877	16.0
United States	272,691	39,666	14.5	883	84	9.5
Alabama	4,370	650	14.9	1,666	210	12.6
Alaska	620	99	16.0	1,809	143	7.9
Arizona ¹	4,778	644	13.5	1,201	104	8.7
Arkansas	2,551	483	18.9			
California	33,145	6,217	18.8			
Colorado	4,056	352	8.7	8,143	844	10.4
Connecticut	3,282	410	12.5	1,740	370	21.3
Delaware	754	113	15.0	18,197	3,327	18.3
District of Columbia	519	145	27.9	7,651	1,205	15.7
Florida	15,111	2,124	14.1	634	64	10.1
Georgia	7,788	1,165	15.0			
Hawaii	1,185	182	15.4	11,257	1,390	12.3
Idaho	1,252	117	9.3	3,358	482	14.4
Illinois	12,128	1,699	14.0	3,316	544	16.4
Indiana	5,943	668	11.2	11,994	1,705	14.2
Iowa	2,869	318	11.1	991	155	15.6
Kansas	2,654	260	9.8			
Kentucky	3,961	664	16.8	3,886	725	18.7
Louisiana	4,372	775	17.7	733	92	12.6
Maine	1,253	189	15.1	5,484	1,532	27.9
Maryland	5,172	628	12.1	20,044	2,676	13.4
Massachusetts	6,175	1,049	17.0	2,130	202	9.5
Michigan	9,864	1,335	13.5			
Minnesota	4,776	585	12.2	594	137	23.1
Mississippi	2,769	530	19.1	6,873	699	10.2
				5,756	895	15.5
				1,807	377	20.9
				5,250	563	10.7
				480	52	10.8
				NA	964	NA
				NA	19	NA

¹ Arizona operates a medical assistance program under a Section 1115 Demonstration project.

NOTES: Resident population is a provisional estimate as of July 1, 1999. The 1999 resident population data for Puerto Rico and Virgin Islands are not available. Medicaid beneficiaries represents those ever receiving a reimbursed service or had a premium paid on their behalf.

SOURCES: CMS/CMSO and Bureau of the Census

September 2001

Medicare State Buy-Ins for Part A and Part B

July 2001

State	Part A QMBs	Part B Buy-Ins	Part B QMBs ¹	Part B SLMBs ¹	Part B QI-1s ¹	State	Part A QMBs	Part B Buy-Ins	Part B QMBs ¹	Part B SLMBs ¹	Part B QI-1s ¹
Total	361,366	5,615,326	2,577,109	437,923	76,734	Missouri	676	91,244	64,665	11,487	1,038
Alabama	2,449	141,436	38,068	15,234	5,183	Montana	441	13,120	8,998	2,033	290
Alaska	690	8,832	6899	76	---	Nebraska	1	21,121	10,973	1,799	---
Arizona	646	61,989	34,794	3,824	1,651	Nevada	1,243	20,709	13,206	3,199	517
Arkansas	2,903	80,231	22,377	6,949	294	New Hampshire	24	8,866	1,467	3,891	---
California	118,842	848,361	339,264	17,479	4,816	New Jersey	7,829	149,303	93,737	16,740	6,582
Colorado	428	56,934	10,403	---	---	New Mexico	396	39,275	9,500	3,169	555
Connecticut	2,509	55,933	42,029	7,491	---	New York	272	395,830	167,298	4,001	2,413
Delaware	379	12,094	3,009	1,359	329	North Carolina	10,922	228,997	59,613	5,858	6,780
District of Columbia	877	14,621	439	2,398	---	North Dakota	4	6,275	1,782	714	177
Florida	43,912	358,642	178,993	31,009	8,271	Ohio	5,564	176,602	59,777	15,530	5,883
Georgia	4,145	181,312	48,808	18,579	5,102	Oklahoma	3,813	67,787	54,756	9,550	2,327
Hawaii	4,241	21,090	17,940	483	69	Oregon	48	62,910	34,175	8,773	---
Idaho	491	18,550	10,805	1524	459	Pennsylvania	15,895	215,351	137,151	33,171	---
Illinois	2,676	161,141	114,478	17,840	5,729	Rhode Island	516	21,620	1,000	4	1
Indiana	1,445	91,311	56,133	14,452	1,746	South Carolina	1,509	116,288	83,473	10,272	---
Iowa	884	52,891	34,368	7,966	1,427	South Dakota	724	13,237	4,341	1,686	318
Kansas	622	42,126	16,650	2,889	446	Tennessee	6,324	184,570	78,944	9,394	---
Kentucky	2,736	118,641	32,554	12,569	2,572	Texas	44,939	370,598	108,210	36,598	---
Louisiana	4,171	117,867	72,072	11,154	3,020	Utah	105	16,712	10,965	2,011	---
Maine	19	38,161	16,453	4,386	---	Vermont	145	14,296	3,656	2,507	---
Maryland	7,791	68,010	53,188	4,029	1,145	Virginia	3,126	113,898	45,365	8,323	1,955
Massachusetts	17,876	160,198	131,795	16,159	2,102	Washington	4,616	94,852	59,100	5,210	1,283
Michigan	12,972	148,760	47,936	17,830	136	West Virginia	3,130	47,774	40,150	6,009	1,127
Minnesota	5,460	66,874	13,723	3,444	---	Wisconsin	3,983	73,875	18,270	7,856	776
Mississippi	5,782	116,503	61,124	8,111	---	Wyoming	175	6,746	2,235	903	212
Included in Part B Buy-In column.						Outlying Areas	---	752	---	---	---

NOTES: "----" equals ten or fewer observations. Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMBs), and Qualified Individuals (QI-1s) are persons with limited resources whose incomes are at or below the national poverty level (QMBs), up to 120% of the national poverty levels (SLMBs), and up to 135% of the national poverty level (QI-1s). In addition to Medicare premiums, the Medicaid program may cover the cost of deductibles, coinsurance, and certain non-Medicare covered services which Medicare beneficiaries normally pay out of their own pockets.

SOURCE: CMS/OIS

September 2001

Medicare Persons Served by State Calendar Year 1999

	Aged			Disabled				Aged			Disabled		
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands		Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees		
All Areas	25,274	921	3,937	830		Missouri	578	937	93	838			
United States	25,267	944	3,937	857	857	Montana	109	956	15	882			
						Nebraska	201	939	22	880			
						Nevada	114	857	17	739			
						New Hampshire	118	922	16	800			
						New Jersey	815	922	100	840			
Alabama	473	931	98	852		New Mexico	136	896	23	667			
Alaska	28	824	5	833		New York	1,715	926	266	816			
Arizona	319	930	43	754		North Carolina	838	947	161	890			
Arkansas	318	938	62	838		North Dakota	87	956	9	900			
California	1,710	889	291	795		Ohio	1,148	957	164	837			
Colorado	242	988	41	774		Oklahoma	363	938	56	862			
Connecticut	328	921	45	865		Oregon	269	1,039	38	844			
Delaware	87	935	11	786		Pennsylvania	1,248	945	154	815			
District of Columbia	47	797	8	889		Rhode Island	84	903	13	684			
Florida	1,688	954	204	868		South Carolina	421	929	91	910			
Georgia	642	924	136	861		South Dakota	97	933	12	923			
Hawaii	92	958	11	846		Tennessee	587	932	121	858			
Idaho	127	992	16	947		Texas	1,459	917	215	867			
Illinois	1,163	924	148	841		Utah	162	936	20	833			
Indiana	655	945	94	847		Vermont	69	945	11	846			
Iowa	401	983	43	878		Virginia	651	925	108	864			
Kansas	303	956	35	897		Washington	419	921	64	810			
Kentucky	431	949	106	855		West Virginia	247	1,000	54	857			
Louisiana	360	925	76	844		Wisconsin	610	949	71	845			
Maine	165	922	28	824		Wyoming	51	927	6	857			
Maryland	431	898	55	821		Puerto Rico	274	693	79	611			
Massachusetts	544	916	93	795		Other Outlying Areas	7	NA	1	NA			
Michigan	1,064	946	156	839		Foreign Countries	7	---	(1)	---			
Minnesota	478	978	57	826									
Mississippi	298	923	75	872									

1 Less than 500.

¹ Less than 500.

NOTES: Persons served represents persons receiving a reimbursed service under fee-for-service at any time during the year. The denominator used to calculate the rate served per 1,000 enrollees is the July 1, 1999 HI and/or SMI fee-for-service population. The rates may exceed 1,000 for a variety of reasons, including areas with rapidly changing fee-for-service/managed care distributions.

SOURCE: CMS/IOSP

September 2001

National Community Hospital Care by State **1999 Annual Survey**

	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands		Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands
United States	32,359	5.9	495,346	Missouri	743	5.7	14,643
Alabama	670	5.4	7,835	Montana	98	11.9	2,539
Alaska	41	6.1	1,032	Nebraska	199	9.1	3,002
Arizona	511	4.7	4,943	Nevada	198	5.1	2,126
Arkansas	375	5.9	3,956	New Hampshire	109	5.5	2,401
California	3,244	5.3	44,779	New Jersey	1,069	5.8	16,126
Colorado	383	5.1	6,440	New Mexico	164	4.4	3,135
Connecticut	338	6.1	6,818	New York	2,406	8.0	45,743
Delaware	87	5.6	1,347	North Carolina	931	6.2	11,540
District of Columbia	138	7.1	1,383	North Dakota	87	9.8	1,631
Florida	2,020	5.5	19,699	Ohio	1,359	5.4	24,886
Georgia	824	6.8	10,839	Oklahoma	411	5.5	4,625
Hawaii	99	7.8	2,437	Oregon	318	4.4	6,658
Idaho	120	5.8	2,182	Pennsylvania	1,755	6.1	29,269
Illinois	1,509	5.5	23,916	Rhode Island	117	5.3	1,912
Indiana	683	5.9	13,114	South Carolina	479	5.9	6,360
Iowa	359	7.0	8,563	South Dakota	97	10.8	1,554
Kansas	326	6.8	5,024	Tennessee	752	5.7	9,480
Kentucky	570	5.8	7,982	Texas	2,303	5.2	28,259
Louisiana	627	5.5	9,514	Utah	189	4.6	4,366
Maine	146	6.0	2,777	Vermont	51	7.8	1,414
Maryland	577	5.2	5,943	Virginia	724	5.7	8,731
Massachusetts	739	5.7	15,709	Washington	491	4.8	9,960
Michigan	1,084	5.8	22,372	West Virginia	289	6.2	5,095
Minnesota	535	7.6	6,451	Wisconsin	553	6.1	10,511
Mississippi	416	7.0	3,457	Wyoming	45	7.7	866

SOURCE: American Hospital Association's 2001 Hospital Statistics.

September 2001

Medicare Skilled Nursing Facility Non-Swing Bed Utilization by State Calendar Year 1999

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
Total ¹	1,392,779	1,449,536	42,534,503	29	\$9,471,398,469	\$223	\$6,534
Alabama	21,136	19,724	772,138	39	143,269,261	186	7,264
Alaska	566	615	16,896	28	4,121,996	244	6,702
Arizona	16,804	18,570	360,968	19	102,195,743	283	5,503
Arkansas	15,156	17,370	415,927	24	74,391,445	179	4,283
California	108,460	127,120	2,892,447	23	917,269,796	317	7,216
Colorado	13,817	15,998	357,914	22	98,746,393	276	6,172
Connecticut	27,186	25,081	1,081,513	43	219,611,721	203	8,756
Delaware	3,406	3,105	114,916	37	22,956,722	200	7,393
District of Columbia	2,138	2,263	64,697	29	14,919,416	231	6,593
Florida	102,656	117,305	3,062,185	26	812,999,887	265	6,931
Georgia	25,544	24,693	884,599	36	167,923,680	190	6,800
Hawaii	1,788	1,581	49,870	32	12,269,902	246	7,761
Idaho	7,151	7,814	202,683	26	42,475,917	210	5,436
Illinois	73,806	86,634	2,062,670	24	451,234,528	219	5,209
Indiana	44,197	46,108	1,376,451	30	308,201,182	224	6,684
Iowa	16,876	18,729	361,338	19	73,023,910	202	3,899
Kansas	15,237	17,391	369,116	21	81,345,726	220	4,677
Kentucky	24,392	24,973	759,303	30	139,784,950	184	5,597
Louisiana	18,854	21,856	458,315	21	114,617,411	250	5,244
Maine	9,721	10,229	269,711	26	54,443,627	202	5,322
Maryland	28,675	32,497	806,881	25	182,446,051	226	5,614
Massachusetts	49,475	51,429	1,576,374	31	363,759,099	231	7,073
Michigan	43,127	38,060	1,690,188	44	287,537,627	170	7,555
Minnesota	28,455	21,997	849,724	39	138,675,239	163	6,304
Mississippi	12,450	12,972	384,835	30	66,869,071	174	5,155
Missouri	37,657	42,893	970,999	23	228,091,598	235	5,318
Montana	6,365	7,350	152,806	21	28,648,443	187	3,898
Nebraska	10,601	11,266	271,689	24	53,324,638	196	4,733
Nevada	4,643	5,058	123,305	24	34,542,169	280	6,829

Medicare Skilled Nursing Facility Non-Swing Bed Utilization by State Calendar Year 1999

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
New Hampshire	5,562	5,519	185,981	34	\$41,592,235	\$224	\$7,536
New Jersey	46,170	46,260	1,349,783	29	314,276,134	233	6,794
New Mexico	4,799	5,163	129,836	25	31,854,311	245	6,170
New York	80,084	59,436	3,499,583	59	738,086,959	211	12,418
North Carolina	37,055	32,551	1,314,621	40	223,126,145	170	6,855
North Dakota	4,084	3,322	95,213	29	13,849,103	145	4,169
Ohio	77,117	80,961	2,226,740	28	476,353,187	214	5,884
Oklahoma	16,334	19,051	418,349	22	97,593,361	233	5,123
Oregon	10,944	11,931	235,785	20	63,206,594	268	5,298
Pennsylvania	85,736	86,090	2,590,221	30	542,215,856	209	6,298
Puerto Rico	1,838	1,969	41,486	21	5,275,712	127	2,679
Rhode Island	6,705	6,280	214,207	34	40,362,918	188	6,427
South Carolina	17,599	18,330	575,117	31	103,212,126	179	5,631
South Dakota	4,442	4,138	142,827	35	21,226,484	149	5,130
Tennessee	35,314	40,107	1,137,120	28	225,045,676	198	5,611
Texas	78,264	92,078	2,313,266	25	584,653,597	253	6,350
Utah	9,061	10,349	244,691	24	63,844,241	261	6,169
Vermont	3,008	2,599	106,695	41	14,796,196	139	5,693
Virgin Islands	38	34	959	28	169,723	177	4,992
Virginia	26,066	23,786	869,748	37	172,495,348	198	7,252
Washington	24,863	26,179	627,932	24	168,560,127	268	6,439
West Virginia	12,282	13,137	344,360	26	70,735,425	205	5,384
Wisconsin	32,772	27,245	1,042,239	38	204,464,407	196	7,505
Wyoming	2,229	2,272	65,970	29	14,200,967	215	6,250

¹ Includes residence unknown.

NOTES: Provider based data are derived from bills for services performed in 1999 and recorded in CMS central records as of June 2000. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data excludes no pay bills and has been screened to protect the privacy of beneficiaries.

SOURCE: CMS/OIS

September 2001

Medicare Home Health Agency Utilization by State Calendar Year 1999

	Total Claims	Total Reimbursement	Total Patients	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
Total ¹	9,739,544	\$7,907,835,405	2,713,307	112,740,333	\$2,914	42
Alabama	216,305	184,896,076	51,554	3,243,117	3,586	63
Alaska	5,189	5,536,543	1,915	44,989	2,891	23
Arizona	65,023	50,928,997	24,539	677,003	2,075	28
Arkansas	117,400	79,815,579	31,065	1,381,211	2,569	44
California	630,090	593,003,393	203,514	6,191,219	2,914	30
Colorado	84,945	68,471,998	25,080	963,792	2,730	38
Connecticut	160,654	138,673,961	45,738	2,216,507	3,032	48
Delaware	25,288	22,660,617	8,915	292,306	2,542	33
District of Columbia	14,980	16,842,190	5,443	200,501	3,094	37
Florida	605,960	639,456,155	204,622	8,679,570	3,125	42
Georgia	266,569	230,189,737	66,187	12,352,676	3,478	52
Hawaii	11,727	9,455,653	4,213	23,741,560	2,244	25
Idaho	31,981	22,752,914	10,699	45,266,613	2,127	29
Illinois	399,730	292,410,297	120,662	90,240,920	2,423	32
Indiana	73,245	129,584,842	52,700	180,281,339	2,459	37
Iowa	76,723	40,950,213	27,717	749,229	1,477	27
Kansas	63,811	40,450,349	20,495	637,764	1,974	31
Kentucky	197,542	151,565,914	51,530	2,415,732	2,941	47
Louisiana	427,809	313,302,605	55,969	5,330,062	5,598	95
Maine	75,742	51,597,316	21,028	843,933	2,454	40
Maryland	119,266	106,626,879	44,789	1,275,967	2,381	28
Massachusetts	333,610	282,966,374	88,293	4,250,982	3,205	48
Michigan	386,205	329,947,994	119,194	4,026,975	2,768	34
Minnesota	70,991	48,727,792	27,906	738,168	1,746	26
Mississippi	224,233	197,770,834	44,584	3,543,957	4,436	79
Missouri	224,365	149,217,071	66,708	2,162,898	2,237	32
Montana	28,431	18,882,961	8,910	274,415	2,119	31
Nebraska	45,720	28,967,078	15,695	431,150	1,846	27
Nevada	33,409	31,276,786	10,381	401,066	3,013	39

Medicare Home Health Agency Utilization by State
Calendar Year 1999
continued

	Total Claims	Total Reimbursement	Total Patients	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
New Hampshire	51,302	\$32,762,037	13,571	555,743	\$2,414	41
New Jersey	266,849	218,153,019	88,731	2,747,656	2,459	31
New Mexico	51,360	32,916,535	13,762	491,198	2,392	36
New York	557,936	518,916,654	187,734	6,709,809	2,764	36
North Carolina	310,757	244,455,623	91,248	3,350,522	2,679	37
North Dakota	19,946	11,732,223	7,286	196,352	1,610	27
Ohio	330,228	246,232,049	106,446	3,439,783	2,313	32
Oklahoma	259,845	177,049,852	42,595	3,077,911	4,157	72
Oregon	65,527	47,153,858	23,955	502,171	1,968	21
Pennsylvania	532,950	392,532,846	165,540	5,218,356	2,371	32
Puerto Rico	115,142	47,836,041	31,794	986,773	1,505	31
Rhode Island	51,964	37,983,554	13,108	501,612	2,898	38
South Carolina	150,691	126,141,373	43,111	1,727,182	2,926	40
South Dakota	18,588	10,234,151	6,698	173,041	1,528	26
Tennessee	322,546	309,018,860	72,859	4,870,887	4,241	67
Texas	875,780	698,235,154	169,684	10,648,022	4,115	63
Utah	61,152	57,180,889	15,751	873,368	3,630	55
Vermont	49,773	24,732,950	11,012	504,166	2,246	46
Virgin Islands	455	280,300	169	4,581	1,659	27
Virginia	228,244	184,586,055	68,095	2,684,066	2,711	39
Washington	97,999	76,575,602	36,149	817,009	2,118	23
West Virginia	75,838	47,832,155	22,116	754,276	2,163	34
Wisconsin	116,051	79,600,501	39,394	1,157,370	2,021	29
Wyoming	11,677	8,764,006	3,786	143,643	2,315	38

¹ Includes residence unknown.

NOTES: Provider based data are derived from bills for services performed in 1999 and recorded in CMS central records as of June 2000. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCES: CMS/OIS/HGIS

September 2001

Medicare Hospice Utilization by State Calendar Year 1999

	Total Patients	Total Reimbursement	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement Per Patient	Average Days Per Patient
Total	474,270	\$2,525,402,040	27,746,562	1,471,068	259,607	\$5,325	48
Alabama	9,799	64,902,889	694,961	34,509	2,022	6,623	71
Alaska	35	196,764	1,617	0	0	5,622	46
Arizona	14,383	79,229,855	618,345	30,305	12,893	5,509	43
Arkansas	4,932	27,203,466	300,318	11,698	265	5,516	61
California	44,536	241,767,930	1,938,758	128,113	17,730	5,429	44
Colorado	7,824	36,808,748	304,321	1,764	2,351	4,705	39
Connecticut	4,851	28,994,748	182,061	3,196	5,524	5,977	38
Delaware	1,332	6,916,111	65,682	66	65	5,192	49
District of Columbia	547	2,530,513	19,230	81	156	4,626	35
Florida	50,893	301,979,221	2,467,227	781,858	67,667	5,934	48
Georgia	12,075	66,177,649	644,037	15,947	1,730	5,481	53
Hawaii	NA	NA	NA	NA	NA	NA	NA
Idaho	1,677	8,457,746	87,703	6,635	68	5,043	52
Illinois	21,198	102,990,844	918,535	24,372	8,405	4,859	43
Indiana	8,569	44,409,841	430,033	4,336	1,003	5,183	50
Iowa	5,903	28,112,682	284,800	2,377	3,805	4,762	48
Kansas	3,671	17,689,185	186,194	1,118	719	4,819	51
Kentucky	7,504	43,193,806	421,535	11,165	11,114	5,756	56
Louisiana	5,738	27,044,598	264,412	2,150	2,198	4,713	46
Maine	940	4,624,366	48,722	1,098	31	4,920	52
Maryland	6,744	29,765,872	266,389	140	4,031	4,414	40
Massachusetts	8,890	41,703,577	349,053	4,466	1,167	4,691	39
Michigan	20,835	105,716,997	940,864	9,241	3,634	5,074	45
Minnesota	7,180	37,137,516	341,508	19,470	2,721	5,172	48
Mississippi	4,439	33,345,414	330,913	16,224	1,238	7,512	75
Missouri	11,285	47,658,001	506,809	1,375	747	4,223	45
Montana	1,275	6,759,706	69,905	361	388	5,302	55
Nebraska	2,843	12,477,125	134,713	364	336	4,389	47
Nevada	3,425	17,517,202	131,826	75	4,399	5,115	38

Medicare Hospice Utilization by State (continued) Calendar Year 1999

	Total Patients	Total Reimbursement	Total Covered Days	Total Covered Hours	Total Covered Procedures	Average Reimbursement Per Patient	Average Days Per Patient
New Hampshire	1,528	\$7,585,065	70,724	1,375	85	\$4,964	46
New Jersey	11,521	58,021,253	504,928	833	2,892	5,036	44
New Mexico	3,319	18,982,685	181,606	748	999	5,719	55
New York	21,297	122,034,682	931,890	45,546	9,425	5,730	44
North Carolina	12,112	71,977,953	677,607	6,325	13,418	5,943	56
North Dakota	1,179	4,726,298	47,434	13,275	348	4,009	40
Ohio	24,771	115,388,390	1,022,212	17,165	13,240	4,658	41
Oklahoma	8,838	55,172,028	600,420	12,403	659	6,243	68
Oregon	8,092	35,895,415	338,834	6,630	60	4,436	42
Pennsylvania	24,106	117,467,034	1,036,179	38,128	9,396	4,873	43
Puerto Rico	4,424	21,046,104	287,260	634	13,023	4,757	65
Rhode Island	1,718	8,185,276	65,849	80	1,634	4,764	38
South Carolina	5,653	30,684,290	312,070	877	907	5,428	55
South Dakota	903	3,875,172	42,208	85	152	4,291	47
Tennessee	6,566	33,498,352	335,799	13,995	3,072	5,102	51
Texas	34,149	193,945,684	1,815,867	178,099	25,736	5,679	53
Utah	2,293	11,448,723	110,906	1,029	24	4,993	48
Vermont	NA	NA	NA	NA	NA	NA	NA
Virginia	8,079	41,832,036	398,239	906	3,388	5,178	49
Washington	8,989	44,642,661	389,592	4,639	1,575	4,966	43
West Virginia	2,900	14,842,643	153,046	10,419	680	5,118	53
Wisconsin	8,083	38,719,531	382,952	2,973	2,347	4,790	47
Wyoming	399	2,144,718	21,939	162	130	5,375	55

NOTES: Provider based data are derived from bills for services performed in 1999 and recorded in CMS central records as of June 2000. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data have been screened for privacy.

SOURCES: CMS/OIS/HGIS

September 2001

Medicare Inpatient Hospitals by State 2000

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Hospitals ¹	Beds per 1,000 Enrollees	State	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Hospitals ¹	Beds per 1,000 Enrollees
All Areas	4,704	22.3	1,327	3.4	Missouri	111	28.3	30	3.5
United States	4,647	23.1	1,321	3.4	Montana	44	19.9	17	12.4
					Nebraska	43	20.0	53	20.9
Alabama	105	28.3	18	2.6	Nevada	28	17.5	14	5.7
Alaska	21	33.6	3	7.1	New Hampshire	26	18.0	4	2.4
Arizona	67	15.8	17	2.5	New Jersey	82	23.8	26	2.2
Arkansas	69	23.5	26	6.0	New Mexico	38	19.3	13	5.6
California	397	21.0	68	1.8	New York	216	26.2	52	2.0
Colorado	60	20.8	22	4.7	North Carolina	114	20.7	21	1.9
Connecticut	32	17.3	15	2.9	North Dakota	36	28.2	15	14.9
Delaware	5	17.0	6	5.2	Ohio	165	26.0	38	2.2
Dist. of Columbia	10	53.4	6	8.2	Oklahoma	112	26.1	39	7.7
Florida	183	18.0	53	1.9	Oregon	56	15.8	7	1.4
Georgia	144	25.6	38	4.1	Pennsylvania	193	17.4	58	2.8
Hawaii	23	14.6	4	2.4	Rhode Island	11	17.7	6	3.6
Idaho	29	15.3	19	11.4	South Carolina	62	20.5	14	2.5
Illinois	184	28.7	34	2.1	South Dakota	45	24.7	18	15.3
Indiana	106	22.7	45	5.3	Tennessee	119	29.5	28	3.4
Iowa	106	24.7	14	3.0	Texas	356	22.7	119	5.3
Kansas	107	27.7	42	10.9	Utah	43	22.7	7	3.4
Kentucky	95	26.9	22	3.6	Vermont	14	21.5	2	2.2
Louisiana	116	30.4	60	10.1	Virginia	91	22.5	27	3.0
Maine	31	17.3	10	4.7	Washington	80	17.0	16	2.2
Maryland	48	21.0	19	3.0	West Virginia	46	25.9	20	5.9
Massachusetts	75	15.0	44	4.6	Wisconsin	116	23.6	24	3.1
Michigan	137	20.4	37	2.6	Wyoming	24	24.4	3	4.5
Minnesota	129	23.1	21	3.2					
Mississippi	97	29.0	7	1.7	Puerto Rico	52	N/A	6	**
					Other Outlying Areas	5	N/A	--	--

¹Excludes Christian Science, Critical Access, and Alcohol/Drug.

NOTES: Facility data as of December 2000. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 2000.

SOURCE: CMS/IOSP

September 2001

Medicare Skilled Nursing Facilities and Certified Beds by State 2000

	Facilities	Beds	Facilities	Beds
All Areas	14,841	939,364		
United States	14,832	939,024		
Alabama	221	12,194	Missouri	455
Alaska	15	487	Montana	101
Arizona	148	6,189	Nebraska	172
Arkansas	189	6,020	Nevada	49
California	1,271	71,712	New Hampshire	67
Colorado	202	12,288	New Jersey	360
Connecticut	250	26,829	New Mexico	69
Delaware	38	2,780	New York	664
District of Columbia	19	1,535	North Carolina	408
Florida	724	44,583	North Dakota	88
Georgia	325	22,693	Ohio	892
Hawaii	41	3,125	Oklahoma	242
Idaho	82	5,149	Oregon	124
Illinois	657	20,506	Pennsylvania	750
Indiana	499	22,355	Rhode Island	99
Iowa	302	17,666	South Carolina	178
Kansas	263	10,068	South Dakota	89
Kentucky	307	16,356	Tennessee	276
Louisiana	232	14,794	Texas	1,019
Maine	126	7,611	Utah	81
Maryland	244	15,253	Vermont	42
Massachusetts	505	37,174	Virginia	229
Michigan	389	26,899	Washington	266
Minnesota	412	36,797	West Virginia	113
Mississippi	132	6,292	Wisconsin	372
			Wyoming	34
			U.S. Territories and Possessions	9
				340

NOTE: Data as of December.

SOURCE: CMS/OSP

September 2001

Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State **2000**

	Nursing Facilities Title 19 Only	Institutions for Mentally Retarded		Nursing Facilities Title 19 Only	Institutions for Mentally Retarded
United States	2,116	6,767	Missouri	98	18
Alabama	4	8	Montana	3	2
Alaska	0	0	Nebraska	64	4
Arizona	1	11	Nevada	2	20
Arkansas	68	40	New Hampshire	16	1
California	98	1,043			
Colorado	23	3	New Jersey	1	9
Connecticut	9	122	New Mexico	11	43
Delaware	5	2	New York	3	749
District of Columbia	1	130	North Carolina	4	333
Florida	8	108	North Dakota	0	66
			Ohio	121	461
Georgia	37	13	Oklahoma	152	54
Hawaii	4	22	Oregon	26	1
Idaho	2	66	Pennsylvania	20	232
Illinois	211	317	Rhode Island	0	20
Indiana	70	574			
Iowa	168	127	South Carolina	0	157
Kansas	129	42	South Dakota	25	4
Kentucky	0	12	Tennessee	75	83
Louisiana	106	473	Texas	217	915
Maine	0	28	Utah	12	14
			Vermont	2	2
Maryland	17	5	Virginia	56	19
Massachusetts	22	7	Washington	11	17
Michigan	49	2	West Virginia	27	62
Minnesota	22	270	Wisconsin	49	41
Mississippi	61	13	Wyoming	6	2

NOTE: Data as of December.

SOURCE: CMS/OSP

September 2001

Community Hospitals by State 1999 Annual Survey

	Beds per 1,000 Resident				Beds per 1,000 Resident		
	Hospitals	Beds	Population		Hospitals	Beds	Population
United States	4,956	829,575	3.0	Missouri	118	20,253	3.7
Alabama	115	16,306	3.7	Montana	53	4,668	5.3
Alaska	17	1,250	2.0	Nebraska	85	8,326	5.0
Arizona	61	10,576	2.2	Nevada	22	3,706	2.0
Arkansas	83	10,051	3.9	New Hampshire	28	2,974	2.5
California	395	73,672	2.2	New Jersey	81	24,570	3.0
Colorado	67	9,349	2.3	New Mexico	36	3,370	1.9
Connecticut	35	7,872	2.4	New York	218	68,924	3.8
Delaware	6	2,000	2.7	North Carolina	114	23,391	3.1
District of Columbia	12	3,541	6.8	North Dakota	41	3,884	6.1
Florida	203	49,434	3.3	Ohio	167	34,164	3.0
Georgia	154	24,784	3.2	Oklahoma	109	11,075	3.3
Hawaii	22	2,913	2.5	Oregon	59	6,643	2.0
Idaho	42	3,499	2.8	Pennsylvania	210	42,999	3.6
Illinois	198	37,658	3.1	Rhode Island	11	2,400	2.4
Indiana	111	19,225	3.2	South Carolina	64	11,629	3.0
Iowa	115	11,838	4.1	South Dakota	48	4,344	5.9
Kansas	131	11,615	4.4	Tennessee	121	20,627	3.8
Kentucky	105	14,956	3.8	Texas	408	56,824	2.8
Louisiana	122	16,782	3.8	Utah	42	4,170	2.0
Maine	37	3,691	2.9	Vermont	14	1,669	2.8
Maryland	49	11,629	2.2	Virginia	89	17,295	2.5
Massachusetts	79	16,309	2.6	Washington	86	11,092	1.9
Michigan	145	26,144	2.7	West Virginia	58	8,109	4.5
Minnesota	134	16,458	3.4	Wisconsin	123	15,870	3.0
Mississippi	96	13,217	4.8	Wyoming	23	1,830	3.8

SOURCE: American Hospital Association's 2001 Hospital Statistics.

September 2001

Medicare Part B Participating Physicians and Other Practitioners by State Selected Years

	January 1997	January 1998	January 1999	January 2000	January 2001
Alabama	93.5	94.0	94.5	95.5	96.0
Alaska	79.0	79.6	81.4	82.9	83.7
Arizona	86.6	89.2	89.7	90.3	88.5
Arkansas	78.9	80.4	83.1	94.6	95.1
California	80.9	81.9	81.0	85.5	78.5
Colorado	81.4	83.1	84.6	87.4	88.4
Connecticut	86.4	87.8	88.7	89.3	89.9
Delaware	68.6	83.1	84.1	85.2	86.9
District of Columbia	68.6	79.5	81.0	84.1	85.2
Florida	73.9	76.2	77.6	90.1	92.1
Georgia	88.6	88.6	83.3	89.4	89.5
Hawaii	84.0	84.6	85.6	90.3	91.0
Idaho	67.6	72.2	75.6	77.6	79.4
Illinois	83.3	85.4	84.2	90.9	92.4
Indiana	76.8	77.9	79.0	83.2	85.1
Iowa	88.5	90.0	91.1	93.2	94.0
Kansas	91.8	93.3	94.7	94.2	94.4
Kentucky	88.7	89.7	92.3	93.8	93.3
Louisiana	64.6	67.6	73.5	91.7	92.1
Maine	79.9	92.4	93.8	94.3	93.6
Maryland	89.6	90.6	91.7	93.4	94.2
Massachusetts	77.2	93.7	94.0	94.9	91.7
Michigan	82.6	88.2	87.7	95.3	96.6
Minnesota	77.3	77.9	78.1	79.3	79.9
Mississippi	79.3	81.4	82.6	83.5	84.6
Missouri	88.1	89.3	89.2	87.9	90.0
Montana	78.7	82.7	84.7	86.6	88.6
Nebraska	87.2	89.7	92.4	92.7	93.2
Nevada	92.2	92.6	93.3	94.1	91.2
New Hampshire	79.7	91.9	92.2	93.1	90.8
New Jersey	62.8	66.0	80.1	82.8	84.5
New Mexico	81.7	87.8	89.3	89.9	91.1
New York	70.0	72.8	75.3	80.3	81.0
North Carolina	84.6	86.0	88.3	89.6	90.0
North Dakota	93.2	93.5	94.3	95.5	96.3
Ohio	92.7	93.2	93.2	93.9	94.2
Oklahoma	84.0	88.4	89.9	91.7	92.5
Oregon	87.6	89.3	89.8	90.7	91.2
Pennsylvania	72.0	73.6	83.5	85.5	94.3
Rhode Island	68.4	70.1	71.7	72.5	74.1
South Carolina	85.5	87.1	90.0	91.4	91.5
South Dakota	79.3	83.5	85.7	86.7	87.7
Tennessee	87.5	88.7	90.9	91.2	91.3
Texas	82.1	84.2	83.3	85.4	86.5
Utah	90.2	92.2	94.1	94.6	95.1
Vermont	78.6	91.1	91.8	92.9	94.8
Virginia	85.7	88.6	87.2	87.3	87.6
Washington	89.9	91.2	91.7	92.9	93.8
West Virginia	90.8	90.1	92.1	93.5	94.2
Wisconsin	85.2	89.0	89.4	90.9	92.7
Wyoming	83.3	84.9	86.4	87.1	87.3

NOTE: Other practitioners includes limited license practitioners and non-physician practitioners.

SOURCE: CMS/OFM

September 2001

**Physician Assignment Rates as a Percent of Allowed Charges by State
Fiscal Year 2000**

CMS Region/State	Assignment Rate	CMS Region/State	Assignment Rate
National	99.0		
Alabama	99.7	Montana	98.4
Alaska	98.8	Nebraska	96.8
Arizona	94.9	Nevada	99.8
Arkansas	99.6	New Hampshire	99.2
California	99.1	New Jersey	98.0
Colorado	98.0	New Mexico	98.7
Connecticut	98.7	New York	98.5
Delaware	99.3	North Carolina	99.0
District of Columbia	98.6	North Dakota	99.4
Florida	99.5	Ohio	99.9
Georgia	99.3	Oklahoma	99.0
Hawaii	99.4	Oregon	98.1
Idaho	89.6	Pennsylvania	99.8
Illinois	98.8	Rhode Island	99.9
Indiana	99.3	South Carolina	99.4
Iowa	99.1	South Dakota	92.8
Kansas	99.6	Tennessee	99.6
Kentucky	99.5	Texas	99.2
Louisiana	99.4	Utah	99.5
Maine	99.7	Vermont	99.6
Maryland	99.2	Virginia	99.6
Massachusetts	99.9	Washington	98.8
Michigan	99.6	West Virginia	99.6
Minnesota	94.8	Wisconsin	99.4
Mississippi	99.4	Wyoming	93.5
Missouri	99.2		

SOURCE: CMS/OFM

September 2001

Medicare Physicians by State ¹ 2000

State	Number	Percent of Total	State	Number	Percent of Total
Total	865,479 ²	100.0	Mississippi	5,613	0.6
Alabama	9,786	1.1	Montana	2,819	0.3
Alaska	1,722	0.2	North Carolina	23,117	2.7
Arizona	13,396	1.5	North Dakota	2,576	0.3
Arkansas	7,919	0.9	Nebraska	5,074	0.6
California	97,653	11.3	New Hampshire	5,202	0.6
			New Jersey	30,530	3.5
Colorado	13,202	1.5	New Mexico	4,297	0.5
Connecticut	12,128	1.4	Nevada	4,365	0.5
Delaware	2,287	0.3	New York	68,769	7.9
District Columbia	4,284	0.5	Ohio	34,898	4.0
Florida	43,666	5.0	Oklahoma	7,802	0.9
			Oregon	11,066	1.3
Georgia	20,816	2.4	Pennsylvania	48,706	5.6
Hawaii ³	4,335	0.5	Puerto Rico ⁴	6,420	0.7
Iowa	9,618	1.1			
Idaho	3,170	0.4	Rhode Island	3,495	0.4
Illinois	32,855	3.8	South Carolina	10,570	1.2
			South Dakota	2,428	0.3
Indiana	16,459	1.9	Tennessee	17,785	2.1
Kansas	7,977	0.9	Texas	49,742	5.7
Kentucky	10,745	1.2			
Louisiana	14,689	1.7	Utah	5,561	0.6
Massachusetts	33,694	3.9	Virginia	16,978	2.0
			Vermont	2,692	0.3
Maryland	19,650	2.3	Washington	20,633	2.4
Maine	5,595	0.6	Wisconsin	17,610	2.0
Michigan	29,304	3.4			
Minnesota	16,510	1.9	West Virginia	5,513	0.6
Missouri	18,277	2.1	Wyoming	1,470	0.2

¹ Medicare physicians are MD, DO, DDM, DDS, DPM, OD, and CH. ² Total includes unknown. ³ Guam included in Hawaii.

⁴ Virgin Islands included in Puerto Rico.

NOTES: Percent total does not necessarily equal sum of rounded components. Data as of May 2001.

SOURCES: CMS/OSP/CBC (Medicare Physician Registry)

September 2001

VIII. FINANCING

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.

HIGHLIGHTS

- o The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.*
- o The Medicare Part A inpatient hospital deductible increased from \$40 in 1966 to \$792 in 2001.*
- o The Medicare Coinsurance has remained at 20 percent since the beginning of the program. The annual Part B Deductible increased from \$50 beginning July 1966 to \$100 beginning January 1991.*
- o The Medicare Part B premiums increased from \$3 per month in 1966 to \$50.00 per month in 2001.*

Financing of Medicare Programs

Source of Income

HI Trust Fund

1. Payroll taxes *
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

* Contribution rate

Employees and employers, each	1.45%
Self employed	2.90%

Maximum taxable amount (CY 2001)	none ¹
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Voluntary HI Premium ²

Monthly Premium (2001):	\$300
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SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Part B Premium

Monthly Basic Premium (2001):	\$50.00
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¹ The Omnibus Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amounts for 1994 and later. For these years, the contribution rate is applied to all earnings in covered employment.

² Premium paid for voluntary participation of individuals aged 65 and over not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement. A reduced premium of \$165 is available to individuals aged 65 and over who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act.

SOURCE: CMS/OACT

September 2001

Financing of Medicaid Programs Fiscal Year 2001

Federal Contributions	Percent
1. Medical Vendor Payments ¹	50-83
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems ²	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility, Inspectors	75
7. Intermediate Care Facility for the Mentally Retarded, Inspectors	
a. Salaries, Fringe Benefits, Travel & Training	75
b. All Other Costs	50
8. Skilled Professional Medical Personnel	75
9. State Medicaid Fraud and Abuse Units	75
10. PRO Performance Review	75
11. Systematic Alien Verification for Entitlements System	100
12. Preadmission Screening and Annual Resident Review	75
13. Indian Health Services	100
14. TANF Allocation Enhanced Administrative Match ³	75-90

¹ Range reflects floor to ceiling percentages available under statute in any fiscal year. The ceiling for children's medical assistance vendor payments under sections 1905(u)(2) and 1905 (u)(3) is 85 percent.

² After approval of an application for 90% rate by CMS.

³ Special transitional enhanced match for certain administrative expenditures attributable to the costs of Medicaid eligibility determinations with the advent of the Temporary Assistance to Needy Families (TANF) program (section 1931).

SOURCE: CMS/CMSO

September 2001

Medicare Cost Sharing and Premium Amounts for Hospital Insurance ¹

		Inpatient Hospital			SNF ³	
		Deductible (IHD)	Daily Coinsurance		Daily	Hospital
			61st	LTR ²	Coinsurance	Insurance
		Covers	through	after	after	Monthly
		first	90th days	90 days	20 days	Premium ⁴
		60 days	(1/4 x IHD)	(1/2 x IHD)	(1/8 x IHD)	
Beginning in January unless noted						
July	1966	\$40	\$10	(⁵)	(⁵)	--
	1970	52	13	26	6.50	--
	1980	180	45	90	22.50	78 ⁶
	1985	400	100	200	50.00	174 ⁷
	1990	592	148	296	74.00	175 ⁸
	1991	628	157	314	78.50	177
	1992	652	163	326	81.50	192
	1993	676	169	338	84.50	221
	1994	696	174	348	87.00	245 ⁹
	1995	716	179	358	89.50	261 ⁹
	1996	736	184	368	92.00	289 ⁹
	1997	760	190	380	95.00	311 ⁹
	1998	764	191	382	95.50	309 ⁹
	1999	768	192	384	96.00	309 ⁹
	2000	776	194	388	97.00	301 ⁹
	2001	792	198	396	99.00	300 ⁹

¹ Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below.

² LTR is lifetime reserve.

³ SNF is skilled nursing facility.

⁴ Premium paid for voluntary participation of individuals aged 65 or older not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

⁵ Benefit not provided.

⁶ Beginning in July for years 1973 through 1982. Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

⁷ Beginning in January 1984 and succeeding years.

⁸ Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for 1989 and succeeding years.

⁹ For 1994 and later, a reduced premium is available to individuals aged 65 or older who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 2001, the reduced premium is \$165.

SOURCE: CMS/OACT

September 2001

Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance

	Annual Deductible	Coinsurance	Monthly Premiums		
			For Enrollee (aged and disabled) ¹	Government Amounts	
				Aged	Disabled
Beginning July unless otherwise noted					
1966	\$50	20%	\$3.00	\$3.00	--
1970	50 ^{2 3}	20% ³	4.00	4.00	--
1975	60 ⁴	20% ⁵	6.70	6.70	29.30
1980	60	20%	8.70	18.10	41.30
1985	75 ^{6 7 8}	20% ⁶	15.50 ⁹	46.50 ⁹	89.90 ⁹
1990	75	20%	28.60	85.80	59.60
1991	100	20%	29.90	95.30	82.10
1992	100	20%	31.80	89.80	129.80
1993	100	20%	36.60	104.40	129.20
1994	100	20%	41.10	82.50	111.10
1995	100	20%	46.10	100.10	165.50
1996	100	20%	42.50	127.30	167.70
1997	100	20%	43.80	131.40	177.00
1998	100	20%	43.80	132.00	150.40
1999	100	20%	45.50	139.10	160.50
2000	100	20%	45.50	138.30	196.70
2001	100	20%	50.00	152.00	214.40

¹ Beginning July 1973 for the disabled.

² Beginning in January for 1967 and succeeding years.

³ Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance for the period April 1968 - December 1980.

⁴ Deductible was \$60 for the years 1973 - 1981.

⁵ Home health services are not subject to coinsurance, beginning July 1972.

⁶ Home health services are not subject to deductible, beginning 1981.

⁷ Professional inpatient services of pathologists and radiologists not subject to deductible and coinsurance only when physician accepts assignment for the period January 1981 - September 1982 and are subject to deductible and coinsurance for October 1982 and later.

⁸ Deductible was \$75 for the years 1982 - 1990.

⁹ Beginning in January for 1984 and succeeding years.

SOURCE: CMS/OACT

September 2001

**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates
Calendar Years 1966 - 2001**

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate ¹	
		Employees and employers, each	Self- employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
1992	130,200	1.45	2.90
1993	135,000	1.45	2.90
1994 and later	none ²	1.45	2.90

¹ Percent of taxable earnings.

² The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

SOURCE: CMS/OACT

September 2001

Title XIX
Federal Medical Assistance Percentages
Fiscal Years 1999 - 2002

	1999	2000	2001	2002		1999	2000	2001	2002
Alabama	69.27	69.57	69.99	70.45	Missouri	60.24	60.51	61.03	61.06
Alaska*	59.80	59.80	60.13	57.38	Montana	71.73	72.30	73.04	72.83
Arizona	65.50	65.92	65.77	64.98	Nebraska	61.46	60.88	60.38	59.55
Arkansas	72.96	72.85	73.02	72.64	Nevada	50.00	50.00	50.36	50.00
California	51.55	51.67	51.25	51.40	New Hampshire	50.00	50.00	50.00	50.00
Colorado	50.59	50.00	50.00	50.00	New Jersey	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	72.98	73.32	73.80	73.04
Delaware	50.00	50.00	50.00	50.00	New York	50.00	50.00	50.00	50.00
District of Columbia*	70.00	70.00	70.00	70.00	North Carolina	63.07	62.49	62.47	61.46
Florida	55.82	56.52	56.62	56.43	North Dakota	69.94	70.42	69.99	69.87
Georgia	60.47	59.88	59.67	59.00	Ohio	58.26	58.67	59.03	58.78
Hawaii	50.00	51.01	53.85	56.34	Oklahoma	70.84	71.09	71.24	70.43
Idaho	69.85	70.15	70.76	71.02	Oregon	60.55	59.96	60.00	59.20
Illinois	50.00	50.00	50.00	50.00	Pennsylvania	53.77	53.82	53.62	54.65
Indiana	61.01	61.74	62.04	62.04	Rhode Island	54.05	53.77	53.79	52.45
Iowa	63.32	63.06	62.67	62.86	South Carolina	69.85	69.95	70.44	69.34
Kansas	60.05	60.03	59.85	60.20	South Dakota	68.16	68.72	68.31	65.93
Kentucky	70.53	70.55	70.39	69.94	Tennessee	63.09	63.10	63.79	63.64
Louisiana	70.37	70.32	70.53	70.30	Texas	62.45	61.36	60.57	60.17
Maine	66.40	66.22	66.12	66.58	Utah	71.78	71.55	71.44	70.00
Maryland	50.00	50.00	50.00	50.00	Vermont	61.97	62.24	62.40	63.06
Massachusetts	50.00	50.00	50.00	50.00	Virginia	51.60	51.67	51.85	51.45
Michigan	52.72	55.11	56.18	56.36	Washington	52.50	51.83	50.70	50.37
Minnesota	51.50	51.48	51.11	50.00	West Virginia	74.47	74.78	75.34	75.27
Mississippi	76.78	76.80	76.82	76.09	Wisconsin	58.85	58.78	59.29	58.57
					Wyoming	64.08	64.04	64.60	61.97
					Territories ¹	50.00	50.00	50.00	50.00

¹ Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico and Virgin Islands. Subject to Federal CAP.

* Per Section 4725 of the Balanced Budget Act of 1997 (P.L. 105-33). Alaska FY 2001 and FY 2002 per Section 706 of Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (P.L. 106-554).

SOURCE: CMS/CMSO

September 2001

**Geographical Jurisdictions of CMS Regional Office
Federal Medical Assistance Percentages
and Enhanced Federal Medical Assistance Percentages
Fiscal Year 2002**

Region	FMAP	EFMAP ¹	Region	FMAP	EFMAP ¹
I. Boston			II. New York		
Connecticut	50	65	New Jersey	50	65
Maine	67	77	New York	50	65
Massachusetts	50	65	Puerto Rico	50	65
New Hampshire	50	65	Virgin Islands	50	65
Rhode Island	52	67			
Vermont	63	74			
			IV. Atlanta		
III. Philadelphia			Alabama	70	79
Delaware	50	65	Florida	56	70
District of Columbia	70	79	Georgia	59	71
Maryland	50	65	Kentucky	70	79
Pennsylvania	55	68	Mississippi	76	83
Virginia	51	66	North Carolina	61	73
West Virginia	75	83	South Carolina	69	79
			Tennessee	64	75
V. Chicago			VI. Dallas		
Illinois	50	65	Arkansas	73	81
Indiana	62	73	Louisiana	70	79
Michigan	56	69	New Mexico	73	81
Minnesota	50	65	Oklahoma	70	79
Ohio	59	71	Texas	60	72
Wisconsin	59	71			
			VIII. Denver		
VII. Kansas City			Colorado	50	65
Iowa	63	74	Montana	73	81
Kansas	60	72	North Dakota	70	79
Missouri	61	73	South Dakota	66	76
Nebraska	60	72	Utah	70	79
			Wyoming	62	73
IX. San Francisco			X. Seattle		
Arizona	65	75	Alaska	57	70
California	51	66	Idaho	71	80
Hawaii	56	69	Oregon	59	71
Nevada	50	65	Washington	50	65
American Samoa	50	65			
Guam	50	65			
N. Mariana Islands	50	65			

¹ The "Enhanced Federal Medical Assistance Percentages" are for use in the Children's Health Insurance Program under Title XXI of the Social Security Act, and for some or all of children's medical assistance under Title XIX sections 1905(u)(2) and (u)(3).

NOTE: For table display only, percentages are rounded to the nearest whole percent.

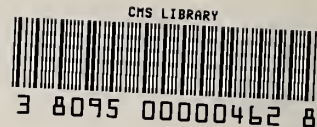
SOURCE: CMS/CMSO

September 2001

Glossary of Acronyms for Data Source Attribution

DHHS	Department of Health and Human Services
CMS	Centers for Medicare & Medicaid Services
HCFA	Health Care Financing Administration
OIS	Office of Information Services
OFM	Office of Financial Management
OSP	Office of Strategic Planning
HCIS	HCFA Customer Information System
CBC	Center for Beneficiary Choices
OACT	Office of the Actuary
CMM	Center for Medicare Management
CMSO	Center for Medicaid and State Operations
OCSQ	Office of Clinical Standards and Quality
HRSA	Health Resources and Services Administration
SSA	Social Security Administration
OACT	Office of the Actuary

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